PROVINCE OF PRINCE EDWARD ISLAND

# DEPARTMENT

# OF

# HEALTH AND SOCIAL SERVICES

## FIFTH ANNUAL REPORT

## 1984 - 1985

Honourable Albert P. Fogarty, Minister

86-06002/

# FIFTH ANNUAL REPORT

## DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Province of Prince Edward Island

1 April 1984 to 31 March 1985

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NOTE: Reports of the Prince Edward Island Hospital Services Commission and the Prince Edward Island Health Services Commission are printed separately.

Charlottetown
Prince Edward Island
March 31, 1985

The Honourable Lloyd G. MacPhail
Lieutenant Governor of Prince Edward Island

May It Please Your Honour:

I beg to submit, herewith, for your consideration the fifth annual report of the Department of Health and Social Services for the fiscal year ended March 31, 1985.

I have the honour to be,
Sir,
Your obedient servant,

Albert P. Fogarty
Minister of Health and Social Services

## DEDICATION

At the Alma-Ata International Conference in 1978, the member States of the World Health Organization endorsed the movement of HEALTH FOR ALL by the year 2000. This collaboration of more than 160 Nations of the World brings focus to the health and social service problems which beset the majority of mankind. In Developing Countries the majority of deaths occur in the under-15 age group, namely 60% in the African and Eastern Mediterranean Region and over 50% in Southeast Asia. In many African and Asian nations the infant mortality rate is in excess of 100 per 1000 live births. Over four million babies die each year from diarrhea.

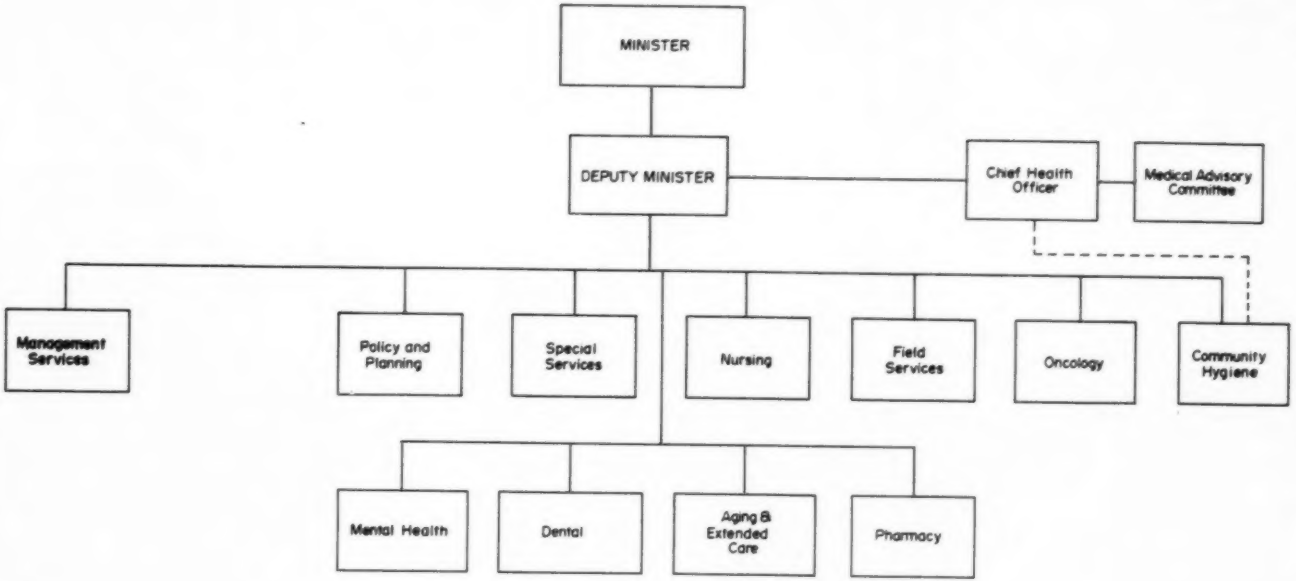
In the developing World primary health care is a priority. While the Western world concentrates on high technology and personalized service, the developing World, most with pathetic budgets, must look to simple basic measures - - clean water and sanitation, improved diet, immunization, and campaigns against vector-borne diseases. There will never be enough resources to provide the current Western model for all the world's people - - to save more individuals the priority must be on the social, environmental, and preventive aspects of human health. The Alma-Ata Declaration of 1978 may be the turning point.

This Annual Report of the Department of Health and Social Services of Canada's smallest province gives recognition to the daily plight of the majority of mankind and is dedicated to those on the international scene who strive for betterment and justice so that HEALTH FOR ALL is not just a slogan but a reality.

GENERAL ORGANIZATION

P.E.I. DEPARTMENT OF HEALTH & SOCIAL SERVICES

31 MARCH 1988



## DEPARTMENTAL LEGISLATION

1. Addiction Services Act
2. Adoption Act
3. Change of Name Act
4. Child Care Facilities Act
5. Children's Act
6. Chiropractic Act
7. Community Care Facilities and Nursing Home Act
8. Cornea Transplant Act
9. Dental Profession Act
10. Dental Student Loan and Dental Practice Establishment Loan Act
11. Dispensing Opticians Act
12. Family & Child Services Act
13. Health Services Payment Act
14. Hillsborough Hospital Act
15. Hospital and Diagnostic Services Insurance Act
16. Hospitals Act
17. Human Tissue Gift Act
18. Licensed Nursing Assistants Act
19. Marriage Act
20. Medical Act
21. Mental Health Act
22. Nurses Act
23. Old Age Assistance Act
24. Optometry Act
25. Pharmacy Act
26. Practice of Physiotherapy Act
27. Premarital Health Examination Act
28. Provincial Sanatorium Act
29. Public Health Act
30. Queen Elizabeth Hospital (Amalgamation) Act
31. Registered Occupational Therapists Act
32. Rehabilitation of Disabled Persons Act
33. Venereal Diseases Prevention Act
34. Vital Statistics Act
35. Welfare Assistance Act
36. White Cane Act

Charlottetown
Prince Edward Island
March 31, 1985

Honourable Albert Fogarty
Minister
Department of Health and Social Services
P.O. Box 2000
Charlottetown, Prince Edward Island

Honourable Minister:

I have the honour to submit to you the fifth annual report for the Department of Health and Social Services for the period April 1, 1984 to March 31, 1985.

Respectfully submitted,

K Wornell

Keith Wornell
Deputy Minister

## DIVISION OF ONCOLOGY SERVICES

### D. E. Dryer, M.D., F.R.C.P.(C), Director

The Division of Oncology Services provides consultations in oncology, drug treatment of cancer, follow-up of patients previously treated for malignancy, and compilation of information on the incidence and mortality of malignant disease in Prince Edward Island.

The Out-Patient Oncology Clinic is located in the Special Services area of the Queen Elizabeth Hospital. One day a week a similar clinic is held in the Out-Patient Department of the Prince County Hospital.

Intravenous chemotherapy is administered either by a specialized oncology nurse or by the patient's physician. Virtually all drug treatment in the Queen Elizabeth Hospital is performed by the Oncology Nurse. Most treatments consist of multiple intravenous drugs.

Statistics:

| | | |
|---|---|---|
| Number of consultations/referrals | | 375 |
| Number of patients receiving chemotherapy | | 139 |
| Queen Elizabeth Hospital | 116 | |
| Prince County Hospital | 20 | |
| Both Hospitals | 3 | |
| Number of intravenous chemotherapy treatments | | 562 |
| Number of patient reviews/investigations | | 2,369 |
| Number of patients referred off-island | | 37 |

(Most off-Island referrals were for complex radiation treatment or special investigations not available in P.E.I., e.g., CAT scanning)

The majority of patients requiring radiation treatment were referred to Dr. W. T. Hooper at the Queen Elizabeth Hospital.

The Division provides cancer incidence data to Statistics Canada. The sources of information are pathology reports provided to the Division by the Department of Laboratories of the Queen Elizabeth Hospital and a monthly list of cancer deaths from Vital Statistics. During this year, a major statistical review was carried out for the years 1969-1983 for which complete data was available.

# DIVISION OF DENTAL PUBLIC HEALTH

**R. G. Romcke, D.D.S., D.D.P.H., R.C.D.(C), Director**

**Purpose**

The purpose of the Dental Division is to assist Prince Edward Islanders to achieve and maintain good dental health. Major activities include the Children's Dental Care Program and the Preventive Orthodontic Program.

The Division's administration offices and the Preventive Orthodontic Clinic are located in the Sullivan Building, while four large mobile dental clinics operate in various centres throughout the province. Dental Clinics are also operated at the Summerside Health Centre and the St. Jeans' Elementary School in Charlottetown. In addition, Preventive Dental Clinics are operated on a part-time basis in O'Leary, Tignish, Morell, Souris, Montague and Murray River.

**The Children's Dental Care Program** has as its objective, the achievement and maintenance of good dental health by all children in the province. The program commenced in 1971 with six year old children. The original plan called for the addition of one or two age groups each year until all children up to age 18 were covered.

The plan was followed until June 1981 when three year olds were removed from the program and further expansion was postponed. The program covered children aged 4-16 until April 1983 when a major cutback removed children aged 13-16 years. As a result the program now covers children aged 4-12 years.

The program provides dental health education, preventive services and dental treatment in mobile and permanent Department of Health and Social Services Clinics and in private dental offices in a total of fourteen centres throughout the province. Extensive case finding and follow-up procedures are utilized to ensure that all eligible pre-school and school-aged children receive regular care beginning at an early age.

Dental Health Education is provided to parents and children in all clinics. Dental hygienists give presentations in schools, kindergartens and to youth and other groups. During the year division staff visited most of the elementary schools in the province and participated in a variety of health promotional activities.

**Preventive Dental Services** are provided in all mobile and fixed dental clinics and in preventive clinics which operate throughout the province. Preventive services include the topical application of fluoride and fissure sealants. In 1984-85 a total of 13,293 children received preventive services at fourteen centres.

**Dental Treatment** is provided in Department clinics and by private dentists in various centres throughout the province. During 1984-85 a total of 15,050 children received dental treatment. Of this number, 8,465 were treated by private dentists while 6,585 were treated in Department of Health and Social Services Clinics.

**Progress Toward Objective**

In 1971, when the program commenced, the dental health of children in the province was deplorable. The average child had two infected teeth with seven additional teeth requiring large restorations (fillings). Regular dental care was being received by only 20% of school-aged children and 5% of pre-school children.

In 1982, the long range objective of the children's dental care program; namely, good dental health for all children, was achieved. Approximately 90% of all children were receiving dental care on a regular basis, the extraction of teeth due to dental caries was a

rare occurrence and children required an average of just over one dental restoration each year. Essentially all children had good dental health.

**Present Status of Children's Dental Health**

Essentially all children 12 years of age and younger are receiving regular dental care and have good dental health.

As a result of the program cutback in April 1983 many children aged 13-16 years are not receiving any dental treatment or preventive services, and will develop serious dental problems in the near future.

Most children aged 13-16 years still have relatively good dental health as a maximum of only two years has elapsed since they were removed from the children's program. Reports from dentists throughout the province suggest that approximately 50% of teenaged children in rural areas and 40% of teenaged children in urban areas are not receiving regular dental treatment. To date there are few reports of teeth being extracted as a result of lack of treatment. However, there is little doubt that the majority of children not receiving regular dental care will accumulate carious teeth and will eventually require the extraction of teeth.

**The Preventive Orthodontic Program** provides preventive and interceptive orthodontic services to children covered under the Children's Dental Care Program. The objectives of the program are to provide good function and acceptable appearance using simple methods, thereby eliminating the need for complex orthodontic treatment at a later date.

This program provides services to approximately one-third of all children at one time or another. Each year 700-800 children are referred to the clinic by private dentists and clinic dentists.

During 1984-85 a total of 1,615 children attended the preventive orthodontic clinic. Of this number, 440 children were treated with orthodontic appliances.

**Dental Manpower**

The province has an adequate supply of dentists who are well distributed throughout the province. There is also an adequate supply of dental hygienists and dental assistants in all areas of the province. Present indications are that a surplus of dentists will develop over the next few years.

**Demonstration Project**

A demonstration project to assess the long term effectiveness of fissure sealants in preventing dental caries has been in operation for the past six years. Fissure sealants are plastic films which are used to cover the fissures and groves of the biting surfaces of teeth and thereby prevent dental caries on these tooth surfaces.

After five years 82% of all sealed tooth surfaces remained successfully sealed. An additional 12% of sealed teeth were restored due to dental caries on non-sealed surfaces. Only 3% of sealed surfaces required restorations due to failure of the sealant.

Fissure sealants are now being provided routinely in Department Clinics with very impressive results. Plans are underway to make fissure sealants available to all children in the province who can benefit from their use.

## SUMMARY OF PREVENTIVE SERVICES

| | Number of Children | |
|---|---|---|
| | 1983/84 | 1984/85 |
| Total for 16 centres | 15,442 | 13,293 |

## SUMMARY OF TREATMENT SERVICES

| | Number of Children | |
|---|---|---|
| | 1983/84 | 1984/85 |
| Public Health Clinics | 7,543 | 6,585 |
| Private Dentists | 9,401 | 8,465 |
| | 16,944 | 15,050 |

## PREVENTIVE ORTHODONTIC CLINIC

| | Number of Children | |
|---|---|---|
| | 1983/84 | 1984/85 |
| Children attending | 1,781 | 1,615 |
| Children treated with appliances | 474 | 440 |
| New children assessed | 704 | 538 |
| Children completed | 733 | 585 |

# DIVISION OF COMMUNITY HYGIENE

**Richard J. Davies, B.Sc., CPHI(C), Director**

**Purpose:**

The mandate of the Division of Community Hygiene is to promote and establish, through education, consultation and inspection standards which are in keeping with the Public Health Act of Prince Edward Island and its Regulations.

With this objective, the Division of Community Hygiene has defined all its inspection programs under seven distinct categories. These categories are Food Protection, Occupational Health, Recreational/Institutional, Accommodations, Environmental Health, Education and Consultation.

**Program: Food Protection**

This area of responsibility includes such services as inspecting grocery stores, slaughterhouses, eating establishments and licensed premises. Services provided by the Division in the course of these inspections are: consultation to operators, approval and evaluation of plans for new and existing buildings, sampling and analysis of the drinking water supply, general inspection to ensure compliance with recommended standards of housekeeping procedures, maintenance and foodservice sanitation, routine swabbing of utensils and equipment for bacteriological analysis, and the investigation of complaints concerning foodservice sanitation or suspected foodpoisoning incidents.

Total Inspections — 3,170

| Type of Inspection | 1983/84 | 1984/85 | % Increase (Decrease) |
|---|---|---|---|
| MANUFACTURING | | | |
| Retail Grocery Stores | 385 | 350 | (10%) |
| Slaughterhouses | 230 | 211 | (10%) |
| Milk Plants (In-Depth) | 9 | 9 | - |
| Milk Samples | 300 | 300 | - |
| CONSUMER | | | |
| Eating Establishments | 2,950 | 2,300 | (20%) |
| Swab Samples | 1,000 | 500 | (50%) |
| Licensed Premises | 300 | 200 | (33%) |
| Swab Samples | 900 | 300 | (66%) |

**Program: Accommodations**

This area of responsibility includes such services as investigating rental accommodation complaints, summer trailer courts, tenting and campgrounds, and tourist accommodations.

Total Inspections — 1,490

| Type of Inspection | 1983/84 | 1984/85 | % Increase (Decrease) |
|---|---|---|---|

| | | | |
|---|---|---|---|
| PERMANENT | | | |
| Apartments, Rooming Houses..... | 190 | 190 | - |
| TEMPORARY | | | |
| Tourism Establishments Hotels, Motels, Cottages and Campgrounds ..... | 1,320 | 1,025 | (23%) |

Rental Accommodation inspections are conducted following a complaint from either the tenant or the Provincial Rentalsman.

**Program: Occupational Health Analysis**

Occupational Health problems are referred to the Division by the Occupational Health & Safety Council or employees of business and Government, for investigation and analysis. The Division works in close operation with Medical Services, Health Protection Branch of Health & Welfare Canada. All chemical analysis and some scientific equipment used in these investigations is made available by this Federal Government Agency.

| | 1983/84 | 1984/85 | % Increase (Decrease) |
|---|---|---|---|
| Total Inspections..... | 60 | 40 | (33%) |

The types of problems investigated in the Occupational Health Analysis Program were:

- accumulation of gases.
- testing for level of carbon monoxide.
- indoor air quality.
- analysis for asbestos fibre content.
- checking ventilation systems within government offices.

**Program: Recreational/Institutional**

These facilities are inspected to ensure they comply with the Public Health Act and Regulations thereof, as well as other Provincial Acts. Facilities included schools, day care centres, institutions and hospitals, nursing homes and swimming pools/saunas.

Total Inspections - 415

| **Type of Inspections** | **1983/84** | **1984/85** | **% Increase (Decrease)** |
|---|---|---|---|
| Child Care Facilities..... | 230 | 170 | (38%) |
| Schools..... | 95 | 50 | - |
| Nursing Homes ..... | 50 | 45 | (10%) |
| Institutions/Hospitals ..... | 90 | 60 | (33%) |
| Swimming Pools/Saunas..... | 50 | 90 | 80% |

A major thrust has been made by the Division to analyse the quality of whirlpool water. Pseudomonas organisms have been found in whirlpools, but this problem has been rectified through education of the whirlpool operator.

**Program: Environmental Health**

All enquiries or complaints regarding environmental health problems are investigated. These complaints include such items as rodents and insects, pesticides, air pollution, dead animals, agricultural wastes, water, garbage, solid wastes and toxic chemicals. All complaints and enquiries are given priority.

Total Inspections - 420

| Type of Inspection | 1983/84 | 1984/85 | % Increase (Decrease) |
|---|---|---|---|
| Complaints | 220 | 260 | 18% |
| Enquiries | 200 | 160 | (20%) |

Examples of nuisance complaints which were referred by the general public would be:

- garbage accumulation.
- uninhabitable dwellings.
- unsanitary washroom conditions.

Examples of enquiries are:

- microwave analysis.
- requests and interpretation of various regulations under the Public Health Act.
- freezer breakdown.
- shelf life of meat and milk.

**Program: Education**

This program consists of both public and professional education. Education is a component of all Divisional programs. Owners and employees of the various facilities are taught proper sanitary measures and the Community Hygiene Health Officers are available at any time for consultation on this topic.

Four National Sanitation Training Programs were conducted for 90 people. This brings to 1,540 the number of Island foodservice people who have successfully completed this Course. Other groups who received educational instructions from the Division include Supervisors and Managers of Dietary Staff at Queen Elizabeth Hospital, students at Culinary Institute and Licensed Nursing Assistants students.

In addition, there are in-service education programs for the Community Hygiene Health Officers. They attended training courses in such areas as swimming pool sanitation and occupational health analysis.

**Health Orders**

The Division was obliged to serve three Island establishments with a Health Order for the closure of premises (two eating establishments and one slaughterhouse). Health Orders are issued only in the severest of circumstances where an inspection reveals gross violations of the regulations or where there exists a possibility that people's lives could be in jeopardy.

**Conclusion**

The reason for a general reduction in the total number of inspections performed by

the Division is that the staffing complement has been reduced from what it was one year ago. With four Community Hygiene Health Officers and the Director working part-time on inspectional activities, only minimal service can be expected, given the large number of facilities to be inspected.

A second contributing factor to the Division's workload was a major foodpoisoning investigation in Summerside. This Salmonellosis epidemic consumed approximately 1½ months of each Community Hygiene Health Officer's time during June and July.

## DIVISION OF MENTAL HEALTH

### Robert V. Worling, M.D., Director

The purpose of the Division of Mental Health is to provide accessible mental health services to all persons in the province.

In 1984-85 a number of senior staff changes required considerable adjustment within the Division. After a long and distinguished service of over 35 years, Mr. Eugene A. MacDonald, Director, Community Mental Health, retired in September, 1984. In his place William Lawlor assumed the position of Acting Director. As a consequence of the resignation of Dr. Mark Trinatafillou, Director, Mental Health, in October, 1984, to go into private practice in Summerside, Dr. Robert V. Worling was asked to serve as Acting Director. On February 15, 1985, Dr. Worling accepted the position of Director of Mental Health. In addition to this responsibility he continues to provide psychiatric services to the Community Mental Health team, to serve as liaison to the Prince County Hospital's psychiatric unit, and to provide weekly psychiatric services to O'Leary and Alberton.

Dr. Wolf Leon became acting Physician-in-Chief of Hillsborough Hospital. Dr. Angus Beck, who qualified in 1984 as a specialist in psychiatry from the Psychiatric Program of Dalhousie Medical School, provided psychiatric services to Richmond Centre, Montague, and Souris on a sessional basis. Dr. Benjamin Spears resigned as consultant at McGill Day Treatment Unit. Dr. Pamela Forsythe provided consultation service for that program during the year.

Meetings were held in late fall to begin to review the Prince Edward Island Mental Health Act.

The psychiatric unit of the Queen Elizabeth Hospital continues to experience strong demand for service; consequently, a waiting list had to be established. A process to obtain funding to make the Prince County Hospital's psychiatric unit a "certified" unit was undertaken.

The Adolescent Program at Hillsborough Hospital continues to operate with two nurses, a social service worker, a social worker, project co-ordinator, and consulting psychiatrist in attendance. Demand for service is increasing and current facilities are at full capacity. Plans for a 12 - bed unit in the new Hillsborough Hospital complex are expected to result in expansion of facilities by early fall, 1985.

## COMMUNITY MENTAL HEALTH

**William Lawlor, Acting Director**

The purpose of Community Mental Health Services is to provide a range of mental health programs to individuals, and families within their communities and to promote, maintain, or restore an optimum level of mental health for the citizens of Prince Edward Island.

### Programs and Services

The multi-disciplinary approach continues to prove successful in achieving the Division's aims. Teams of professionals from the disciplines of psychiatry, social work, psychology, nursing, and occupational therapy operate in Summerside, Montague, and Charlottetown. Staff from the Summerside team provide regular visiting services to O'Leary and Alberton; Montague staff provide visiting services to Souris. The McGill Day Treatment Unit continues to operate its regular day program in addition to its After-Care medication program.

Individuals and families experiencing emotional and mental disorders are offered a wide range of professional services, including direct treatment as well as assessment and consultation.

Assessment and treatment services are delivered through a variety of modalities, including individual, marital, family and group approaches. Psychometric testing services are available in each county.

### Referral Sources

Medical referrals continue to be our main source of referral followed by individuals seeking counselling on their own initiative, the judicial system, other government agencies, schools, other health professionals, and clergy.

### Presenting Problems

Major presenting problems include: depression, anxiety, marital and family problems, and long-term emotional disabilities.

### Director Service

Demand for service continues to be strong:

| | 1984-85 |
|---|---|
| Persons receiving services from Community Mental Health Teams | 1,911 |
| Number of new clients | 975 |
| Number of Therapy sessions provided | 9,412 |

### Consultation Services

Each of the teams has been providing mental health consultation services to various groups, government departments, and community agencies, such as medical doctors, Field Services division, the Department of Justice, and the Protestant Family Services Bureau. Staff members contributed 1,212 consultation hours during the year.

### Education/Information Services

Community Mental Health services continue to respond to requests for educational

presentations. Topics were: suicide, stress management, burn-out, treatment of various mental health problems and special educational programs for adolescents, women, and community groups.

| | |
|---|---|
| Educational Presentations: | 86 |
| Number of Persons Attending: | 2,056 |

Staff made presentations to home and school associations, day-care and kindergarten instructors, women's institute members, social services organizations, and health care professionals.

**Staff Changes**

After almost ten years of service in the Division Management section of Community Mental Health, Marlene Sanderson accepted a position with the Department of Finance and Tourism and Hilary Prince assumed the duties of administrative assistant in her place. Daphne Campbell, Charlottetown Team, took special leave to study for her Master of Social Work degree. Keith Kennefic served as temporary replacement at Richmond Centre.

## CHARLOTTETOWN TEAM

There continued to be a strong demand for service during the year. Many cases referred were characterized by more severe pathology requiring more staff time and interagency involvement. There was an increase in demand for services from the correctional system. Over the last year there was an emphasis on development of interagency communication. Meetings were held with such services as Addictions and Field Services division. Staff continue to work closely with the Canadian Mental Health Association and with other divisions of the Department, especially Field Services. Emmett Bradley continues to serve as liaison with the C.M.H.A., and as consultant to Longworth House residential community, and to the New Directions program.

Rona Brown served her Bachelor of Social Work field placement at Richmond Centre.

## SUMMERSIDE TEAM

Dr. Robert V. Worling increased his psychiatric services to the Team in Summerside and in the West Prince area by providing three, instead of two days per month as in the previous year.

Co-ordinator, Roy Griffin, continued to average two days counselling service per month to the West Prince area.

The Summerside Team met with the Canadian Mental Health Association to examine the need for service to the long-term mentally ill.

As in the past, the Team continued to provide After-Care services through the Medication (Moditen) Clinics in Summerside and O'Leary, and to serve the community one evening a week in addition to regular working hours to accommodate clients who could not otherwise attend.

## MONTAGUE TEAM

Despite the necessity of having to create a waiting list for brief periods on two occasions during the year, present staffing appears adequate to meet demands. Focus on services to the chronic population has been achieved since the hiring of a psychiatric nurse in the fall of 1983. Psychiatric consultant services have been provided by Dr. Angus Beck over the last year.

The After-Care Medication Clinic continues to function in both Montague and Souris. An average of 17 patients is served each month.

An increase is noted in the number of referrals from the Justice system, particularly those involving sexual abuse or incest. These referrals require a great deal of time, including time to prepare court assessments, and, in some case, to give testimony.

## McGILL DAY TREATMENT UNIT

The McGill Day Treatment Unit provides mental health service to persons who do not require hospitalization but do need more than out-patient services. This community mental health program provides a follow-up service for certain discharged patients, serves as an alternative to in-patient hospital care, and assists in the preparation of selected psychiatric hospital patients for return to the community.

The Unit is staffed by three registered nurses, a social service worker, and a consultant psychiatrist.

### Public Education

The theory and concepts of the McGill program were presented to health-care professionals at various institutions, including the psychiatric unit (Unit 9) of the Queen Elizabeth Hospital, the Social Services branch of the Department, the Charlottetown School of Nursing, Addiction Services, and to students in the Licensed Nursing Attendants program.

### Program Changes

To help facilitate an earlier patient discharge and to permit direct access without need for further assessment, staff assumed responsibility for attending doctors' rounds at Unit 9 of the Queen Elizabeth Hospital.

Programs at McGill concentrate on topics such as communication, relaxation therapy, recreational therapy, and assertiveness. Community meetings are held four days a week and preparations are underway to start a new group for patients who have completed the regular program. This group will receive continued supportive care in the form of one weekly session.

Programs continue to focus on community awareness promoted by outings in the form of sport and recreational activities, designed to assist the client to become reintegrated into the community.

During the year the program experienced a strong demand for services. As a result, a waiting list had to be established. To resolve this problem preparations to begin a Discharge Planning Group and a Stress Management Group began early in the new year.

### After-Care Clinic

This program operates one full day a week to accommodate patients receiving intramuscular medication of long-acting, anti-psychotic medication. Three nurses regularly administer these injections, monitor progress, and give support in the form of education and information. At the same time patients are provided with an opportunity to discuss any topics on which they need assistance.

As of March 31, 1985, patient count stood at 94.

# DIVISION OF PHARMACY SERVICES

**L. Roger Montigny, B.Sc.(Pharm.), R.P.E.B.C., Ph.C., Director**

The purpose of the Division of Pharmacy Services is to provide a prescription and nonprescription drug service to Islanders with special needs at a minimal cost to the Province.

**Objectives**

To continue to supply pharmaceuticals required for various Government Programs:

General Welfare Assistance Program

Mental Health Program

Diabetes Control Program

Immunization Programs

Institutional Care Program

Various small programs with significant special requirements

Through the dedication of the professional and support staff, the Division provides a drug information and drug monitoring service, also a drug educational and consultation service for all related programs.

Professionalism has enriched the special services required for the Institutional Care Program which continues to expand and to employ new technology in pharmaceutical presentation for the benefit of the institutionalized patient.

The Social Services Drug Prescription System was implemented August 1, 1984. This System was developed with the co-operation of the Field Services Division and Management Services. The Pharmacy Division has assumed a great deal of responsibility in carrying out services under this plan.

We are pleased to note that the first edition of the Government Formulary is scheduled to be released during the first part of July, 1985.

Negotiations were initiated during 1984 with the Prince Edward Island Pharmaceutical Association regarding services provided on behalf of the Province; so far these negotiations have been impeded by contract issues.

Pharmacy Services Division staffing arrangements were disrupted for three months in October, 1984, due to the resignation of Mr. Joe McAskill, Pharmacist. The Division was fortunate to have Mrs. Neila Auld, Pharmacist, join the staff in late January, 1985.

The Division of Pharmacy Services is located in the Sullivan Building and has a satellite pharmacy at Hillsborough Hospital.

## POLICY AND PLANNING UNIT

**Rob Thomson, Director**

This is a tiny group of researcher-planner-analysts who help the Department's executive and its operating divisions, and in a less direct way the Hospital and Health Services Commissions, with

| | |
|---|---|
| Background information | Program planning and evaluation |
| Policy analysis and development | Legislative matters |
| Some administrative assistance | 'Sounding-board' advice |

As a broker of information, the Unit handled scores of inquiries from other departments, other provinces, federal government, students and other citizens. Typical topics were organ transplantation, welfare assistance benefits, cost-control measures, issues in aging, nursing training, abortions, constitutions for professional organizations, legislation. Briefing materials were compiled for the Minister's and Deputy's use in the Legislature and at inter-governmental meetings. Dozens of particular items were researched for their history, status, costs and statistical patterns - - welfare assistance clothing allowance and funeral coverage, hospital utilization, population figures, congenital anomalies, ambulance service, CAT scanner prospects, expenditure trends and federal-provincial jurisdictional issues. A number of articles and reports were reviewed and interpreted for their relevance to PEI's health and social service system.

Proportionately more time than usual has this year been devoted to program planning and evaluation projects.

One staff person who specializes in computerized information continued her virtual secondment to the Health Services Commission for development of its physician-services information system. From time to time she also helped with special tasks or modifications of mini-systems serving Home Care, Speech and Hearing, MR and Job Creation programs. At year-end she began to re-appraise MIS requirements for all departmental programs.

There was leading involvement in planning implementation of regulatory programs for radiation-safety surveillance and community care facilities, and in preparing for the transfer of nursing-homes responsibility from the Hospital Services Commission to the Department. Help was given in relating the role of Community Hygiene to that of Agriculture in the regulation of milk products. A staff member participated in design work for a government-Medical Society system of monitoring physician manpower, for a reproductive-care program to improve co-ordination among the various providers of perinatal services, and for establishing a voluntary organization to provide palliative support to the terminally ill. Several aspects of acute psychiatric services were reviewed, resulting in the opening of additional places at Hillsborough's Deacon House. A cost comparison was done of care for the mentally handicapped in the settings of institution, group home and foster family placement. Some assistance went into a study of the OT/activity departments of Hillsborough and the Special Care Unit. Staff examined the traditional tuberculosis program and its adaptation to the changed nature of the disease. The functions of the Chief Health Officer position were redefined. The Unit helped with a proposal for a PEI Institute on Aging, and planned an evaluation format for the federally sponsored Educational Programs on Aging. There was advisory-steering involvement to oversee the comprehensive audit of the Department by the office of the Auditor General.

Dozens of program-improvement proposals were prepared for the 'New Initiatives' element of annual budget planning. Attention focused over a months-long period on fuller design (a 45-page paper) of one of these plans: the Home Care and Support program to be introduced in 1985.

Much of the Unit's policy analysis work took the form of critiquing and proposing a response to proposals from other sources such as the federal government, other departments and various professional or community-based organizations. There was review, for instance, of a federal proposal for Canada Pension Plan amendments and the pre-budget discussion paper on child and elderly benefit systems; of a Nurses Association brief on health strategies; of a provincial suggestion for restructuring the EPF funding arrangement; of a joint Atlantic Provinces brief requesting special federal consideration in health financing. Analysis of reports was done at several stages of the policy-level planning for a new Souris Hospital, and of the request for an extended-care facility in O'Leary. There was participation in various steps of the Cabinet Offices's development of the major Government document "Social Policy for the Future." The *Canada Health Act* was passed in April, and work continued through the year on assessing how it and the proposed regulations would affect this province.

Unit staff were heavily involved in the Nursing Education Study and in an interdepartmental group dealing with pension policy issues. A provincial submission was written for the national commission on the pharmaceutical industry. A departmental policy on confidentiality of information was produced. For the Special Care Unit there was an examination of patient-charge policies, leading to the 'insurance' of medical-nursing care there; policy options were laid out regarding admission of persons resident in other provinces; and there as leadership for a study of the future role of the institution, which has since become the Eric Found Health Centre. An appraisal was done on the implications of granting licensure for additional private nursing-home beds. A staff member took part in one assessment of various issues in the field of MR services and in another on the relative functions of Special Services and Field Services divisions in several fields of program operation including MR.

The year saw as much volume of legislative work as ever although the product, at least in terms of statutes actually passed, does not seem terribly impressive. The 1985 sitting enacted quite minor amendments of *Vital Statistics* and *Addiction Services Acts* and also a conversion of the former *Community Care Facilities Act* into the *Community Care Facilities and Nursing Homes Act*, which transfers regulatory jurisdiction over private nursing homes from the Hospital Services Commission to the Community Care Facilities (and Nursing Homes) Board. Apart from these, though, the unit spent considerable effort on other statute development, from examining concepts through content-framing to actual drafting in some cases. This was so for *Licensed Nursing Assistants, Mental Health, Change of Name* and *Child Care Facilities Acts* and proposed bills concerning denturists and the social work profession.

A complete overhaul of the Welfare Assistance Regulations was completed and enacted, and a few amendments were subsequently done. Radiation Safety Regulations were written and passed, as were Pharmacy Regulations regarding licensing. Minor amendments were made to the Physiotherapy Regulations. Drafts were finalized for Meat Processing, Addiction Services and Notifiable and Communicable Diseases Regulations. Regulations for Child Care Facilities staffing and Nursing Homes were also prepared but not finalized.

As well as developing legislation, the Unit characteristically answered many queries along the lines of 'What does the law say?' about everything from burial to veterinary drugs.

In its administrative-assistance or general factotum role the Unit helped prepare dozens of speeches, news releases, advertisements, Executive Council memoranda and formal letters. Staff members sat in a facilitating function on several professional regulatory bodies and also on committees such as the Nursing Education Study and the Field Services organizational study, for which a survey was conducted. Member appointments

were expedited for several boards. One staff person assisted Highway Safety in mounting the organ donor card program. Another helped negotiate with the Pharmaceutical Association on the new retail dispensing scheme for welfare assistance drugs. Help was also given on a new contract for addiction-service delivery agencies. The Unit supervised and edited a 1984 update of 'Program Direction' documents for all departmental programs. In many cases staff gave other divisions a helping hand with the actual writing of these statements and also many other submissions, letters, forms and such.

That sort of assistance is indicative of one more general function of the Unit — as 'sounding-board' adviser. It is difficult to convey this in a list of accomplishments, but there have been many, many occasions when the Deputy Minister, directors and program specialists, even persons from other departments and non-government agencies have brought an idea or a problem to the Unit's staff for discussion. How does this policy draft sound? How can we make that proposal more persuasive? What might we do to break this procedural log-jam? Should we respond to that report, and if so, how? Can we talk this over so as to get the aims clearer? Work of this nature is the most elusive kind done by Policy and Planning, but it has often been the most rewarding.

## DIVISION OF NURSING

**Ella B. MacLeod, M.S., Director**

**PURPOSE**

To serve as the vehicle within the Department of Health and Social Services for the execution of community services in the detection and prevention of illness or disability; and in the promotion and maintenance of optimum health for Islanders of all ages.

**OBJECTIVES:**

To Provide:

Health-related services that are equally accessible to all Islanders.

Services that will prevent the outbreak of and consequences of communicable and social diseases.

Services for the early detection and prevention of illness.

Health education programs for the promotion of health and healthy life-styles.

Services that will give, teach, and supervise nursing care in the home.

Locations:

The Division of Nursing accomplishes its objectives through a decentralized service in seven locations across the province based in Charlottetown, Summerside, Tignish, O'Leary, Kensington, Montague and Souris.

Programs:

Public Health: Includes maternal and child health, school and pre-school health, communicable disease control, health supervision and illness prevention.

Health Education

Diabetes Education

Family Life Education

Home Nursing Care

Staff:

Consists of a director, 4 public health supervisors, 4 co-ordinators, 22 full-time and 8 part-time nurses, one nutritionist, 8 full-time and 4 part-time clerical staff.

**PUBLIC HEALTH PROGRAMS:**

**Maternal and Child Health** — The OBJECTIVES of this program are to promote the health of mothers throughout their pregnancy, foster and growth of the infant, and help parents develop skills in parenting. A Maternal-Health Committee meets regularly to review the program and make recommendations for change.

Pre-natal classes are offered in six locations throughout the province. Individual counselling is offered to those unable to attend classes. There were 34 series of classes attended by 350 mothers, and some fathers. A series included 6 pre-natal classes, a tour of the hospital and a post-partum parenting class. Pregnant women not able to attend classes were given individual counselling, and nurses made 171 visits to pregnant women in the home offering help and counselling. In conjunction with Nutrition Services a departmental policy was developed as part of a breast feeding promotional program.

All mothers are visited in the maternity ward to discuss their needs and assess needs for a follow-up visit at home. A visit is usually made within four weeks of discharge. During this report period, 1,709 mothers and babies were visited in the home. Mothers were helped with care, the baby assessed and plans were made with the mother for attending the Child Health Clinics.

A total of 367 Child Health Clinics were held at 18 locations — Four held weekly and others monthly — 1,789 infants were assessed and immunized at the 2, 4, and 6 month old clinics, 1,616 toddlers were assessed and given M.M.R. at the clinic for those of 15 months, and a further 3,218 children attended clinics at 18 months or at other ages. This made a total of 10,623 scheduled visits and 138 children identified as having a health problem and referred.

At 3½ years, a comprehensive appraisal, including physical, mental, emotional, social and nutritional status is undertaken. During this period, there were 368 clinics at 6 locations attended by 1,316 children with 246 referrals.

Nurses made 1,728 visits to the home for counselling and assisting mothers with problems associated with their children. This included visiting the parents of the children born with a congenital anomaly.

Special pre-school entry clinics were set up and 1,064 children were assessed and immunized with 58 referred for health problems. Those not seen at special clinics were worked into the regular clinics.

**School and Pre-School Health Program** — The OBJECTIVES of the school program are to provide a knowledge of health, encourage healthy life-style practices, and promote early treatment of an illness or disability. The objectives are accomplished by counselling students and acting as a health information resource for teachers. Services include health appraisal, screening for defects and immunization of the child. Noted defects are brought to the attention of parents so they may seek treatment. The nurse offers support and follow-up as needed.

There were 64 schools and 76 kindergartens and day cares visited on a regular basis. Screening of children for various health problems included:

| | |
|---|---|
| General Health Inspection | 11,589 |
| Vision Screening | 3,987 |
| Referred | 611 |
| Hearing Tested | 1,608 |
| Referred | 248 |
| Scoliosis Screening | 1,965 |
| Referred | 101 |

There were 668 visits to the home for follow-up care.

In an attempt to reduce the anxiety of children for their pre-school assessment and immunization, a research project was undertaken in the Summerside Health Unit. Three groups of children were involved and the results are being analyzed.

**Health Supervision and Illness Prevention** — Forty-seven Senior Citizen's Homes were visited on a regular basis with 7 organized programs covering foot care, blood pressure check and nutrition counselling and health education.

Two thousand, nine hundred and seventy-six adults and seniors were visited in the home for health supervision of an existing health condition.

## COMMUNICABLE DISEASE CONTROL

**Immunization** — There were approximately 6,486 infants and preschool children, 2,642 school children and 352 adults who made 10,045 visits to clinics and were given 17,187 vaccines.

**Rubella Control** — The program provides for pre-marital and pre-natal testing of all women, and the provision of free rubella vaccine for women who are found to be non-immune. The objective is to ensure that through continued surveillance and immunization, no children will be born with rubella syndrome. During this period, 64 women (35 pre-natal and 29 pre-marital) were found to be non-immune and were offered vaccine.

All girls in Grade V are offered rubella vaccine. The program reaches over 95 percent of girls in this age group.

**Sexually Transmitted** — Nurses co-operate with physicians to follow cases and contacts of all venereal diseases reported. There were 75 cases of gonorrhea followed in the 12 month period.

**Salmonella and Other Bowel Infestations** — There were 459 primary cases and 175 positive contacts of Salmonella and other bowel infestations identified and placed under surveillance, and follow-ups made of 1,096 contacts.

**Other** — Tuberculosis - 4 cases and 55 contacts.

Meningitis - 4 cases and 40 contacts (approximately).

## HEALTH EDUCATION

**Co-ordinator Activities**

Planned and co-ordinated:
Workshops for professional staff

L.N.A. and Dalhousie University student's field experience

Anti-Smoking Campaign

Involved:

As Provincial Co-ordinator for "Stairway to Health" campaign.

On a Reproductive Care Committee.

In reviewing and disseminating literature and A/V supplies and developing educational brochures.

**Public Health Nurses** — Public Health Nurses are represented on 18 voluntary and other agencies, and participate in their various projects. In addition, nurses assisted with talks to a number of community groups.

## HOME NURSING CARE

It is the OBJECTIVE of this program to co-ordinate and provide services that assist persons in meeting their health and related needs in the home when this is the appropriate place for care. In addition to giving greater client satisfaction, it makes more effective use of institutional beds. The Co-ordinator organized and co-ordinated the cardiac education program, and directed the provincial emergency health services.

| | |
|---|---|
| Total Number of Patients receiving Home Nursing Care | 729 |
| Total Number of Nursing Care Visits for Home Care | 23,732 |
| Total Number of Patients for Home Occupational Therapy | 621 |
| Total Number of Visits for Home Occupational Therapy | 1,439 |

## DIABETES EDUCATION

Established in 1973, the Center operates out of Charlottetown and Summerside, going out to other locations as necessary. The program provides courses designed to help diabetics and their family cope with diabetes, as well as instruct allied health professionals and students. Statistics for this period include:

| | |
|---|---|
| Education Sessions | 31 |
| Number of Diabetics Attending Sessions | 258 |
| Family Members | 189 |
| Diabetics Given Follow-up Care | 2,156 |
| Professional Updating Sessions | 16 |

## FAMILY LIFE PROGRAM
## 84 - 85

The Family Life Program, in its sixth year of operation, continues to be active with increasing requests from the community for assistance in presenting, developing and providing resources for programs in the area of family life.

**Activities Included:**

| | |
|---|---|
| Community Group Sessions<br>(W.I., Church, parent, teacher, community schools) | 9 |
| Number of attendants and individual contacts (adult) | 1,071 |
| Education Institution Sessions<br>(U.P.E.I., P.E.I. School of Nursing, Holland College, Central School for Nursing Assistants, Elementary, Junior, and Senior High Schools and group homes) | 34 |
| Number of Students | 1,992 |
| Professional Contacts | 689 |
| Media Sessions | 10 |
| A Teen Clinic is held weekly for counselling youth | |

The Family Life Co-ordinator is active in professional committees and participates in various interest groups involving children and parent issues. She previews and maintains a resource library for circulation and loan of pamphlets, books, and audio-visual materials.

A highlight of the past year's activities was the presentation of the Let's Talk Conference for parents with joint sponsorship of the Division of Nursing, Department of Education, Federated Women's Institute of P.E.I. and the Federation of P.E.I. Home and School Association.

# SPECIAL SERVICES DIVISION

**Ian MacLean, Director**

Special Services Division provides professional and technical services and supports in the following areas of specialty: Audiology, Day Care and Early Childhood Development, Job Creation and Placement, Mental Retardation, Nutrition, Physical Disabilities, and Speech Therapy. The Division and its employees work with Departmental Management, other divisions, staff task forces and committees, and private sector agencies. The functions consist of program management, planning and development, policy development, program co-ordination, consultation and professional support, the development and monitoring of contractual agreements and federal/provincial cost-sharing arrangements under CAP and VRDP, representing the Department on Boards, Committees, Task Forces, carrying out program evaluations and audits on private welfare service agencies, and providing general information on Departmental functions.

The Division delivered the following direct services: Vital Statistics, Sherwood Home Program, Milk Ticket Program, Audiology, Day Care Inspections and Licensing, and Job Creation and Placement Program.

The Division's role in outreach, community support, and community development continued to be a high priority.

Staff changes over the year were minimal. Keith Fairbank joined Special Services staff as a planner and summer employment was provided for two students and one JCP employee.

## MAJOR TASKS

### SERVICES TO THE MENTALLY RETARDED

Several major accomplishments were made in the field of mental retardation during the year. Community based services were expanded, major study reports and projects were completed, and existing Departmental services were expanded to provide more services to persons with mental retardation. However, the stresses of increased service demands combined with continued economic restraint did result in a less than satisfactory relationship with certain service agencies.

Program expansion occurred in residential services with the creation of the Prince County Residential Service which created and maintained three individualized residential placements for individuals returning home from Bonnie Lea Farm. This program demonstrated that innovative community residential placements could be established with adequate resources and made it possible to alleviate some of the need for increased residential services in Prince County.

The major study reports and projects accomplished included the Sherwood Home Working Group Report and the Data Base Project. The former provided a detailed plan for the development of community based services for children with severe handicaps, while the latter will provide detailed information on the future service needs of all persons with mental retardation. The information gained from the Data Base will be comprehensive and should allow for much more accurate future service planning.

The Mental Retardation Specialist program was responsible for many increases in direct services to individual clients as well as being instrumental in gathering information for the Data Base. In-home training was provided to families with preschool children having a medical diagnosis of mental retardation, and through the General Service Plan and referral processes several individuals accessed an increased number of other services.

Sherwood Home continued to provide services to children with severe mental retardation, and since total resident days were down from the previous year, it was possible to second a staff position to the regional office in Charlottetown to serve as a Mental Retardation Specialist. Continued efforts in innovative programming were evident in the creation of an advocacy program, utilization of a group home as a training site, and the establishment of an aqua exercise program at the Queen Elizabeth Hospital pool.

Other activities in the field of Mental Retardation included:

a) The establishment of a Holland College Extension Program to upgrade the skills in existing staff in contracted agencies;

b) Completion of a program evaluation of Bonnie Lea Farm;

c) Submission of an innovative vocational program to Health and Welfare Canada; and

d) Completion of a Family Support Committee report.

The Department was confronted with several non-budgeted financial requests from service agencies during the year and was able to respond to many agencies and several individual clients in most need, such as those in crisis on the Tremploy waiting list. Unfortunately, it was not possible to reach a concensus with others such as Community Association for Residential Services, and that agency chose not to continue operation, so the Department is presently responsible for that service.

## SERVICES TO THE PHYSICALLY DISABLED

Two major departmental objectives in services to the physically disabled are to assist disabled individuals and/or their families in adjusting to disability, and to ensure that disabled persons are provided the special services, opportunities, or material benefits required for the achievement or maintenance of maximum independence and productivity.

Over the past year rehabilitation services planning and support and system development to physically disabled persons attained a higher profile in the Department's Central Office. The appointment of a Co-ordinator for Services to the Physically Disabled added to this higher profile. There is now a central resource person with the identified responsibility for rehabilitation service promotion and development, training, consultation, and professional support.

Emphasis over the next two to three years will be placed on continuing to raise the profile and priority of services for the physically disabled in Prince Edward Island. Efforts will be made to increase the designation and allocation of resources to service development and delivery within the Department, and to develop a stronger, better co-ordinated community system for advocacy and planning.

## JOB CREATION AND PLACEMENT

One thousand and thirty-eight welfare assistance clients were placed in employment through the Job Creation Program. Seventy-six percent (76%) of these clients were placed with non-profit community organizations, with the remaining twenty-four percent (24%) being placed with government departments.

During the year the program was evaluated and program directions were developed. A number of recommendations were made with a view to continued program improvement. Two of these recommendations were that all regional offices have a designated permanent employee responsible for the matching of clients to jobs and for setting up interviews with employers, and that the Job Creation Team take the initiative and act as catalysts to develop projects designed to meet the special needs of particular clients groups. As well, a third objective was added which emphasized the use of the Job Creation program as a rehabilitative tool.

Benefits of the Program included: improved client self-esteem, confidence, attitude and motivation; significant Welfare Assistance caseload reductions in all regional offices; community improvements because of the availability of JCP employees; and enhancement of services provided by non-profit organizations.

## SPEECH THERAPY

Speech therapy services were provided in the five regional offices and the Queen Elizabeth Hospital during the 1984-85 fiscal year with a full staff complement. There was a change in staff in Region 5, but with no interruption in service. The Speech and Hearing Co-ordinator, was on maternity leave for four months. As in the previous year, the Region 5 Speech-Language Pathologist gave one day per week to Region 3 for diagnostic and/or treatment sessions.

Teacher aides and volunteers continued to be utilized in four of the Island's five school units to extend the Speech Therapy service.

Two speech therapy camps were held in July with 44 campers in attendance. Those children had articulation and/or language difficulties. For the first time, services from an occupational therapist were also available at one speech camp.

Staff development and training continued to be a high priority. Various staff attended Maritime, national, and international conferences. As well major workshops/programs were presented on P.E.I.

Major accomplishments of the program during the past year included a program evaluations in September, 1984, hosting an Atlantic Province 3-day workshop on the Hanen Early Language Approach and beginning a procedures manual for the speech program.

As in past years, caseloads in the clinics and schools have been heavy. In the clinic program 289 new cases were seen and 277 cases terminated. A total of 3,330 therapy sessions were held. Specifically in Region 3, the waiting list for assessment has expanded to unprecedented numbers.

In the school program Grade 2 screening was again completed. A total of 1,895 new cases were screened in the schools with 2,550 therapy sessions completed. As in past years, Speech Therapy services were provided to all school units with priority given to elementary schools.

During the year, the Program Co-ordinator continued to provide weekly Speech Therapy service to central Queens Elementary School; in addition, she recruited for one position vacancy, provided in service training to the P.E.I. School of Nursing, instructed one portion of a U.P.E.I. course on "Exceptional Children" and began follow-up to the Speech Therapy evaluation completed in September, 1984.

The demand for Speech Therapy services continues to grow, with the greatest increase reported in Region 3.

## AUDIOLOGY

Full-time Audiology services were provided to Island residents. Regional clinics were conducted monthly in Alberton, Souris and Montague and reduced from twice to once per month in Summerside because of the availability of private audiology services in that community.

Major accomplishments of the Audiology program during the year included the completion of a program evaluation in September, 1984, the acquisition of a Brainstem Evoked Response unit donated by the Benevolent and Protective Order of the Royal Purple and the completion of a Policy and Procedures Manual for the Audiology Clinic.

In-service presentations during the year were given to the following groups: Speech-Language Pathologists, Public Health Nurses, Provincial manor staff and the Association for Children with Learning Disabilities.

The Early Detection of Hearing Loss Program continued with positive results reported (i.e., infants with major hearing loss were detected).

Dispensing of hearing aids for clients of the Department continued to be contracted to Audio Consultants of P.E.I.

The demand for Audiology services continued to grow in Charlottetown and remained static in Souris and Montague.

**NUTRITION SERVICES**

Direction and supervision continued to be provided by Special Services' Nutrition Co-ordinator (which is now filled by two part-time nutritionists) to the Field Services' regional nutritionists who continued to provide individual assessments and counselling.

During the year 109 nutrition education sessions were conducted (30 by Nutrition Co-ordinator, 79 by Regional Nutritionists) with 1,350 people participating. These sessions dealt with a variety of topics including: prenatal nutrition, general nutrition, preschool nutrition, infant nutrition, weight control, obesity, menu planning and nutrition program, nutrition and fitness, and nutrition labelling of foods. Nutrition consultation/information was provided to over 1,400 individuals. Counselling priorities continued to be nutritionally high-risk pregnant women (292 cases) and infant nutrition (197 cases).

Nutrition Services, in co-operation with the Division of Nursing, introduced a Breast-feeding Promotion Program during the year. The objective is to increase the percentage of P.E.I. infants who are breastfed to 75% over the next two years. Regional nutritionists also assisted with the Department's development of **A Parent's Guide on Weight Control**, the revision and introduction of **Baby Help, A Guide to Infant Nutrition** and the nutrition component of the P.E.I. Prenatal Record.

The P.E.I. Reproductive Care Progam, developed by the Department of Health and Social Services and the P.E.I. Medical Society progressed during the year. The Nutrition Co-ordinator was actively involved in developing this program.

An Interdepartmental Committee on Nutrition was established during the year. Those concerned with food and nutrition issues in Departments of Agriculture, Education, Fisheries, Health and Social Services and the Hospital Services Commission will work to ensure a consistent nutrition message to the population of P.E.I.

A community nutrition educational program was developed. This will be offered to students enrolled in the Dietetic Internship Program at the Queen Elizabeth Hospital.

Several program have been revised: the nutrition section of the Child Health Assessment program, the prenatal nutrition class and the nutrition component of the Homemaker Training Course.

The Nutrition Co-ordinator continued to represent the province on the Federal/Provincial Subcommittee on Nutrition. Activities included work on the National Guidelines on Nutrition during pregnancy and screening tools for the identification of high-risk pregnant women.

The feasibility of using microcomputers in the regional offices for nutrient analysis was assessed during the year.

## REGIONAL NUTRITIONISTS' PROGRAM DATA

Nutrition Counselling:

| Cases Opened In: | 1982 - 83 | 1983 - 84 | 1984 - 85 |
|---|---|---|---|
| Region 1 | 106 | 99 | 115 |
| 2 | 167 | 163 | 174 |
| 3 | 142 | 173 | 217 |
| 4 | 60 | 48 | 45 |
| 5 | 67 | 63 | 47 |
| TOTALS: | 542 | 546 | 598 |

## REASONS FOR NUTRITION COUNSELLING:

| | 1982 - 83 | | 1983 - 84 | | 1984 - 85 | |
|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % |
| Pregnancy | 270 | 49% | 279 | 50% | 292 | 49% |
| Infant Nutrition | 192 | 35% | 189 | 35% | 197 | 33% |
| Obesity | 25 | 5% | 21 | 4% | 35 | 6% |
| General Nutrition | 16 | 3% | 15 | 3% | 10 | 2% |
| Other (Children-in-Care, PKU, Therapeutic Diets) | 39 | 8% | 42 | 8% | 64 | 10% |
| | 542 | | 546 | | 598 | |

## REGIONAL NUTRITIONISTS — NUTRITION EDUCATION/CONSULTATION

1984 - 85

| Region | Number of Nutrition Education Sessions | Number of Persons Attending | Nutrition Consultation |
|---|---|---|---|
| 1 | 7 | 161 | 76 |
| 2 | 18 | 335 | 178 |
| 3 | 19 | 191 | 198 |
| 4 | 26 | 226 | 188 |
| 5 | 9 | 99 | 197 |
| TOTAL: | 79 | 1,012 | 837 |

## EARLY CHILDHOOD DEVELOPMENT/DAY CARE

During 1984-85, the demand for licensed child care was evident as the total number of licensed facilities increased by eleven (six full-day and five half-day programs).

The Early Childhood Series 1984-85 consisted of eight workshops (3 hours each) and seven seminars (8 hours each) conducted at different locations across the Island. The series was well attended again this year by operators and staff of early childhood centres, as well as parents, primary grade teachers, and professionals in related fields. Some topics for the workshop and seminars were: Children in Crisis, Play Therapy, Communicating, A New Way of Looking at Things - the Steiner Approach, Montessori - An Introduction to the Method and Approach, Preschool Language Arts, and Day Care and the Law.

The Co-ordinator continued to provide consultation to individuals and groups such as Early Childhood Development Association, PAL (Play and Learn Project), parents groups from various centres, early childhood students at Holland College, etc. Sessions on Ages and Stages of Development in Young Children were presented to field staff in the Department's regional offices, as well as an information session on child care, presented by day care and family day care operators, for social workers in Regions 4 and 5.

The Department's Child Care Subsidy Program Sliding Scale Income Test was revised and a progress report system for special needs children in the subsidy program was developed.

The Department assisted the Early Childhood Development Association in co-sponsoring the Satellite Family Day Care Project, approved through the Federal Government's LEAD funding. The one year project will attempt to license 24 family day care homes as "satellites" to 8 established day care facilities. Two co-ordinators have been hired for the project.

Negotiations were initiated with various training institutions with regard to courses in early childhood development, pending the approval of the proposed Staff Training Standards Regulation.

The Co-ordinator organized the sessions with early childhood groups who met with the Federal Task Force on Day Care, and presented the Department's brief to the Task Force.

**CHILD CARE FACILITIES BOARD**

The Child Care Facilities Board met nine times during 1984-85. Licenses were issued to a total of 94 facilities which represented 36 full-day programs (day care) and 59 half-day programs (kindergarten and nursery schools). A total of 6 new full-day programs and 5 new half-day programs opened.

The only change in Board Membership was the replacement of the two representatives of the Early Childhood Development Association.

A Board Sub-Committee was formed to make revisions to the Child Care Facilities Act which would facilitate the administration of that Act. These revisions were to be presented for review in the Legislature during the spring 1985 session.

The Sub-Committee also drafted regulations for Staff Training Standards, as recommended in the study of Child Care Services. A draft was distributed to all licensed facilities for operators' comments, and three regional public meetings were held to get feedback from operators and staff. Excellent support was received from these meetings.

As the fiscal year ended, the draft Regulations were being rewritten, at the request of the Social Development Committee, before being presented to Executive Council for consideration.

The Chairman of the Board was appointed to a Federal/Provincial Working Committee on Day Care which was set up to examine issues such as financing, income tax, subsidy, etc., as they relate to the day care field.

**VITAL STATISTICS**

Vital Statistics continued to provide for the registration of births, deaths, marriages, adoptions, divorces, stillbirths, and changes of names. The registrations are decentralized to 19 population centres. Deputy district registrars forward registrations to the Director of Vital Statistics for permanent filing.

Regular statistical analyses on this data, as well as special reports, were provided to research institutions and libraries. Totals of various communicable diseases were collected from Island physicians and forwarded to the Chief Health Officer for use in epidemiological studies.

A detailed report of various vital statistics entitled "P.E.I. Department of Health and Social Services' Vital Statistics Annual Report" is printed under a separate cover.

## REGISTRATIONS, CERTIFICATES AND OTHER DOCUMENTS PROCESSED BY THE DIVISION OF VITAL STATISTICS

**(These figures are based on the calendar year)**

| | 1983 | 1984 |
|---|---|---|
| Registrations accepted under the Vital Statistics Act: | | |
| Birth registrations | 1,883 | 1,940 |
| Marriage registrations | 938 | 1,057 |
| Death registrations | 1,016 | 1,078 |
| Stillbirth registrations | 23 | 11 |
| Adoption orders | 107 | 84 |
| Divorce decrees | 216 | 196 |
| Delayed registrations | 104 | 61 |
| Total registrations accepted | 4,287 | 4,427 |
| Legitimations of birth | 97 | 64 |
| Corrections/Amendments made | 350 | 382 |
| Changes of name recorded under Change of Name Act | 66 | 72 |
| Certificates issued under the Vital Statistics Act: | | |
| Birth (Short form or plastic) | 5,793 | 5,541 |
| Birth (Long form) | 420 | 351 |
| Marriage | 598 | 485 |
| Death | 668 | 618 |
| Total certificates | 7,479 | 6,995 |
| Marriage Licenses issued under the Marriage Act | 938 | 1,065 |

## VITAL STATISTICS

### Prince Edward Island, 1979 — 1983

| | 1979 | 1980 | 1981 | 1982 | 1983 |
|---|---|---|---|---|---|
| Population ('000's) | 123.0 | 123.9 | 122.5 | 122.8 | 124.0 |
| Live births by residence* | 1,934 | 1,958 | 1,897 | 1,924 | 1,907 |
| Rate per 1000 population | 15.7 | 15.8 | 15.5 | 15.7 | 15.4 |
| Live births by occurrence* | 1,925 | 1,954 | 1,868 | 1,917 | 1,883 |
| Rate per 1000 population | 15.7 | 15.8 | 15.2 | 15.5 | 15.2 |
| Deaths by residence | 1,022 | 989 | 992 | 980 | 1,050 |
| Rate per 1000 population | 8.3 | 7.9 | 8.1 | 8.0 | 8.5 |
| Deaths by occurrence | 1,004 | 1,000 | 972 | 947 | 1,016 |
| Rate per 1000 population | 8.2 | 8.1 | 7.1 | 7.7 | 8.2 |
| Natural population increase | 912 | 969 | 905 | 944 | 857 |
| Rate per 1000 population | 7.4 | 7.8 | 7.4 | 7.7 | 6.9 |
| Stillbirths | | | | | |
| 20 to 27 weeks gestation | 3 | 2 | 5 | 2 | 5 |
| Rate per 1000 live births | 1.6 | 1.0 | 2.5 | 1.1 | 2.7 |
| 28+ weeks gestation | 14 | 10 | 9 | 13 | 18 |
| Rate per 1000 live births | 7.3 | 5.1 | 4.1 | 6.9 | 9.6 |
| Maternal deaths | 0 | 1 | 0 | 0 | 0 |
| Rate per 1000 live births | - | .5 | - | - | - |
| Marriages | 893 | 939 | 849 | 855 | 938 |
| Rate per 1000 population | 7.3 | 7.6 | 6.9 | 7.0 | 7.6 |
| Divorces | 144 | 101 | 182 | 206 | 216 |
| Rate per 1,000,000 population | 117.1 | 81.5 | 148.6 | 167.8 | 174.2 |

* "By residence" means the death or birth of P.E.I. resident which occurred either on P.E.I. or elsewhere.

* "By occurence" means the death or birth of someone which occurred on P.E.I. regardless if resident or not.

### MISCELLANEOUS

In 1984-85, the division performed a number of related tasks. A few examples are:

- Developed job descriptions for Community Rehabilitation Workers.
- Completed a series of meetings with Regional Directors and staff with respect to designated rehabilitation workers.
- Briefed the Cabinet Committee on Social Development concerning the Vocational Rehabilitation of Disabled Persons Program.
- Assisted in preparing an initial response to the Federal Government's new Labour Market Strategy.
- Reviewed and updated the Job Creation Program Policy and prepared a brochure containing the Job Creation Program Guidelines.

- Negotiated/monitored purchase of service agreements to private sector organizations.
- Developed a **Service Directory for Children Experiencing Difficulties** and a brochure **Help for Children who Have Difficulties**.
- Participated and made presentations at a number of national symposiums, meetings, conferences, task forces, etc.
- Presented a number of workshops and conferences.
- Finalized the Pat and the Elephant Program Audit Report.
- Responded to a number of requests from across the country for information on Departmental issues, programs and services.
- Maintained service manuals and data tables.
- Continued to consult with Mt. St. Vincent's University and U.P.E.I. Extension Department regarding early childhood courses to be offered by Cable T.V.

## FIELD SERVICES DIVISION

### Steve McQuaid, Director

In a broad sense, the services delivered through the Field Services Division are directed toward:

(a) alleviating acute conditions of human need;

(b) protecting the rights and well-being of children, disabled adults, and the socially disadvantaged, who are unable to act effectively in their own interest;

(c) providing vital life support services and assistance to dependent persons who generally do not have the skills and resources to function independently.

These services are provided through five regional offices located in the major centres of Prince Edward Island. The Division, through its five regional offices, provides these services through the following programs:

(1) Child Welfare Services

- (a) Protection Services
- (b) Adoption Services
- (c) Foster homes - group home and other substitute care programs
- (d) Services to the Family Court
- (e) Services to single and unmarried parents

(2) Visiting Homemaker Services

- (a) To the elderly
- (b) To Families

(3) Teaching Homemaker Services
(4) Nutrition Services
(5) Speech Therapy and Hearing Services
(6) Daycare Service Subsidy
(7) Welfare Assistance
(8) Retardation Services
(9) Rehabilitation Services
(10) General Counselling

The legislation which provided authority for the delivery of the above-noted services includes:

- (a) Adoption Act
- (b) Child Care Facilities Act
- (c) Children's Act
- (d) Family and Child Services Act
- (e) Divorce Act
- (f) Family Court Act
- (g) Rehabilitation of Disabled Persons Act
- (h) Welfare Assistance Act

With the exception of the two regional offices in Kings County, each regional office has a Regional Director who is responsible for the management of the office and delivery of services in the respective areas. The management structure of the Southern Kings and Eastern Kings regional offices is under one Regional Director with the staff of both offices reporting to him.

**ORGANIZATION**

In May, 1984, two staff appointments were confirmed at central office. The position of Director of Field Services, and the newly-created position of Co-ordinator of Children's Services were filled on a permanent basis. The filling of these two positions completed the central office staffing transition.

Results of the Division's Organizational Study were tabled by the study committee in October, 1984. Many of the Report's recommendations emphasized our utilization of staff resources, improved manpower planning, and more effective staff development as critical for enabling the Division to continue to meet the high service demand. The results of this study will be incorporated into Divisional priorities over the next year.

The Auditor General's Office also tabled the results of its comprehensive audit of the Department of Health and Social Services. With respect to the Division of Field Services, the report focused on the administration of the Welfare Assistance Program, the Children's Services Programs, and the Homemaker Program. A number of specific recommendations pointed out the need for stronger central office direction and control around policy implementation to ensure consistency among the regions.

**PROGRAMS — GENERAL**

Government proclaimed a revised set of Welfare Assistance Regulations in October, 1984. These revised Regulations placed more accountability on both the client and the delivery system itself. There is a much stronger emphasis on the issue of employability — clients who are employable must see their return to employment as a high priority. The delivery system must direct its efforts to support this goal.

Statistically, the welfare assistance caseload during fiscal year 1984/85 indicated an upward trend from a cumulative percentage decrease of 9.5 percent in March, 1984 to a cumulative percentage decrease of 4.7 percent in March, 1985. In accordance with this increasing trend, expenditures for welfare assistance showed an overall increase of 0.4 percent over the previous fiscal year. The average monthly caseload for 1984/85 was 4,208 compared to 4,414 in fiscal year 1983/84. Over the past year, the average cost per case increased by 5.3 percent from $378 to $398 monthly.

The Children's Services Programs continue to face two difficult trends; sexual and physical abuse protection referrals are increasing steadily. However, the necessary and appropriate staff and care resources are not keeping pace with the demand. The complexity of the new cases in child protection requires high assessment skills from caseworkers, while the in-care needs/requirements of the abused children are so high that many of our traditional foster home resources are not able to cope. The Division is now having to move toward more "professional" foster care and treatment facilities for this increasing number of very disturbed children. The Division will require more resources to meet this mandate, and this need will be reflected in subsequent budget proposals.

With the proclamation of the federal Young Offender's Act, April 1, 1984, the Government of Prince Edward Island assigned the provincial responsibility to the Department of Justice. The Division of Field Services continues to be involved in providing family support services to young offenders but no longer has the responsibility to work directly with the Courts in these matters.

Over the past year, the Division has also examined the activity in the Homemaker Program. Demands on this program continue to increase from two major client populations — the elderly, who require in-home care and support, and the family, where the protection and care of children is at high risk. The Division cannot continue to try and meet both of these critical needs without some serious re-thinking of service objectives.

Divisional field staff have continued to deliver services to the public in the following program areas: speech therapy, community nutrition, day care subsidy, physical rehabilitation, job creation, and mental retardation services. The extent of program activity and the significant events and issues are summarized by the respective program co-ordinators within the Special Services Division's section of this Annual Report.

Over the past year, the Division has adopted a different approach for its delivery of in-service training to staff. Training has been targeted to specific groups of staff, and it has been made available on a regular basis. Using this approach, approximately 40 to 50 staff at the service worker level have received basic casework training designed to improve their sensitivity to clients, their assessment skills, and their problem-solving ability. In addition, some 12 to 15 social work staff received training specific to their responsibilities as agents of the Director of Child Welfare. This targeted, concerted approach has been given very favourable response by field staff, and the Division intends to continue this method of training.

## CHILD PROTECTION SERVICES

Divisional workload in Child Protection Services increased slightly over the past fiscal year with a 5 percent increase in active protection cases. Passive neglect has received less attention as child sexual abuse referrals and emotionally disturbed adolescents received most of the service time.

During the year, child care workers underwent an extensive program of evaluation for designation as agents of the Director of Child Welfare. Also, for future designation purposes, a Child Welfare Training Course was made available to both new and experienced workers.

The Co-ordinator of Protection Services has been involved in interagency committees, such as the Child Welfare Coalition, on matters dealing with child sexual abuse and family violence.

A program of presentations and workshops to community groups across the Island has raised community awareness in the area of family violence.

Child protection concerns through the After-Hours Child Abuse Referral Service has increased over the previous year. Protection concerns in the amount of 396 calls received during the period under review, represent an increase of 40 percent over the previous fiscal year.

## CHILDREN IN CARE

There were 211 children in the care of the Director of Child Welfare as of March 31, 1985, compared to 231 in the previous year.

| | |
|---|---|
| Apprehended | 30 |
| Temporary Ward | 15 |
| Permanent Ward | 101 |
| Voluntary Care Agreement | 51 |
| Ward of Another Province | 1 |
| Adoption Placement | 12 |
| Follow-up to CIC | 1 |

(1) Adoptions

The Provincial Adoption Registry records a total of 73 adoptions finalized during the year compared to 96 adoptions in the previous year. Of these, 18 were wards of the Director of Child Welfare; 11 were wards of private agencies and 44 were private adoptions. Sixty adoptions were finalized in the province and 13 were finalized in other jurisdictions.

(2) Foster Care

During the year, there were 146 approved foster homes, 6 approved emergency foster homes (total bed capacity 19) and 3 approved group foster homes (total bed capacity 6), as well as 5 group homes for the care of adolescents (total bed capacity 30).

## WEST PRINCE REGIONAL OFFICE (REGION 1 - O'LEARY)

There have not been dramatic changes in demand for services over the previous fiscal year, although the subtle changes are worth noting.

Comparing our demand with that of the previous year, we find that the average monthly **caseload** for all services is down 8.4 percent while the average monthly **service-load** is up 9.0 percent. This is an indication that fewer clients are receiving more services, which conforms with observations that staff are working increasingly with multi-problem families.

Service demands have been characterized by higher than usual numbers of young single adults seeking financial assistance or employment; persons experiencing problems with their Unemployment Insurance Benefits; requests for assistance with home repairs; and more complex child welfare cases including sexual assaults, adolescent problems, drug abuse, and pre-adolescents with special placement needs.

Our Homemaker Program has had a very demanding year, presenting very difficult scheduling issues due to an increase in bedridden and terminally-ill persons. In addition to the challenges of delivering appropriate home care services, there have been pressures to support both the homemakers and families involved with these dying patients. At the same time, the demand for increased homemaker support to child protection staff required that some homemakers specialize even more in this important area. Part of this latter activity included a life skills group for women in the O'Leary area, resulting in noticeable improvement in their appearance, self-confidence, child management skills, and employability.

Other highlights included job creation results and summer student programs. Employment opportunities were provided to 96 clients through the Job Creation Program, in spite of the relative shortage of eligible clients. The work experiences were generally positive for both employers and employees. Our summer students provided very beneficial one-to-one and small group activities for children with special needs. These activities included: camping experiences at our adolescent group home for group home children and a number of others with specific needs; day programs for children with behavioral or learning difficulties, or suffering from emotional deprivation.

Most of the year was spent with a senior supervisory position vacant due to limited supply of experienced, competent supervisors. In view of this, staff must be commended for the manner in which they carried their responsibilities during this period.

## SUMMERSIDE AND AREA REGIONAL OFFICE (REGION 2)

In the past fiscal year, our serviceload decreased by 4.9 percent from 2,048 on April 1, 1984 to 1,947 on March 31, 1985.

The staff servicing this caseload remained relatively stable. Three Visiting Homemakers were recruited, after training, to fill long-standing vacancies. A social worker also was hired, bringing the field staff up to full complement. The office was able to assign a full-time secretary to the Intake Team after a clerk was transferred into the regional office from another Division.

During the past fiscal year, the financial assistance caseload went from 686 to 657, a decrease of 4.2 percent. In the same period, the Job Creation Program placed 137 clients in employment. Also, the Region reviewed the Mail-in-Review process and began its implementation. It is anticipated that one-third of the caseload will be serviced through this process, thus freeing workers to focus on employment-related counselling with employable clients.

Within Child Protection Service, the total number of cases was 124. Of the 87 new assessments completed during the past fiscal year, much of the work was of short-term nature (67 percent required service of six months or less) and contractual rather than ending up in Family Court. Continued referrals of suspected sexual abuse necessitate close interfacing with the police, schools and other agencies. Education around suspected abuse is becoming an important role for staff.

The Region developed an Assault Prevention Program in conjunction with Unit 2 Schools. Regional staff spoke with all elementary school staff as well as Home and School Associations. One school ran a pilot project of the Program, receiving very positive feedback from teachers and parents.

While the protection statistics show a decrease, the Counselling Service increased by 57 percent, from 33 to 52 by March 31, 1985. Day Care Service increased the number of subsidized seats from 44 to 60, an upward trend of 36 percent. These increases reflect more supportive work with clients, as well as an increased need for Day Care Service due to Job Creation placements.

The Visiting Homemaker Service, under constant demand, reached the highest peak in the history of the service in December, 1984, at 189 cases. The demand is from families in crises as well as seniors, the latter group making the greatest demand. During the past year, a course on budget management was offered to clients on a regular basis by the Homehelpers.

In the area of Children in Care, the Region encountered a lack of resources for adolescents. Efforts were made to recruit special resources for this population. The Foster Parent Association continued to develop and members participated in the provincial and national symposiums. Adoption service was re-opened and assessments were begun on the backlog of applicants, using a revised process.

The Adolescent Group Home functioned without a manager for most of the year, servicing 13 difficult adolescents. During this year, a comprehensive audit was completed on the functioning of the Home and recommendations have been developed for implementation, once a manager is recruited.

The office was fortunate again in having four summer students. One worked in the Group Home sponsored by the John Howard Society; one worked in the regional office, completing a needs assessment of Children in Care, and two worked with children of clients in an activities program.

During this past year, nine child welfare staff successfully completed their designation as agents of the Director of Child Welfare. Eight staff participated in Employment Preparation training during the year to assist them in helping clients re-enter the work force. Training sessions were held with staff to clarify their understanding of the new Welfare Assistance Regulations.

In summary, Summerside region operated with few staff changes and was able to deliver mandated services as well as start some preventive work around child abuse.

# SERVICE BREAKDOWN BY REGIONAL OFFICE
## For March 31, 1984, and March 31, 1985

| SERVICE | O'LEARY | | SUMMERSIDE | | CHARLOTTETOWN | | MONTAGUE | | SOURIS | | CENTRAL OFFICE | | PROVINCE* | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | MAR/84 | MAR/85 | MAR/84 | MAR/85 | MAR/84 | MAR/85 | MAR/84 | MAR/85 | MAR/84 | MAR/85 | MAR/84 | MAR/85 | MAR/84 | MAR/85 |
| Financial Assistance | 448 | 438 | 686 | 657 | 2,507 | 2,516 | 494 | 442 | 305 | 288 | 2 | 2 | 4,430 | 4,335 |
| Rehabilitation | 14 | 8 | 8 | 9 | 95 | 19 | 1 | - | 2 | 2 | - | - | 120 | 38 |
| Visiting Homemakers | 100 | 101 | 179 | 154 | 197 | 175 | 53 | 71 | 23 | 23 | - | - | 552 | 524 |
| Homehelpers | 5 | 3 | 13 | 29 | 42 | 51 | 7 | 7 | 11 | 10 | - | - | 77 | 100 |
| Day Care | 49 | 40 | 44 | 60 | 177 | 192 | 31 | 53 | 19 | 18 | - | - | 320 | 382 |
| Nutrition | 44 | 45 | 82 | 80 | 96 | 86 | 35 | 29 | 28 | 22 | - | 4 | 284 | 266 |
| Speech Therapy | 48 | 48 | 98 | 88 | 153 | 168 | 24 | 34 | 38 | 43 | - | 1 | 360 | 379 |
| Counselling | 62 | 69 | 33 | 52 | 110 | 125 | 46 | 32 | 17 | 24 | 1 | - | 269 | 302 |
| Intake Review | 19 | - | - | - | 6 | 4 | 33 | 37 | 6 | 5 | - | - | 64 | 46 |
| Juvenile Deliquent | 5 | 2 | 33 | 5 | 43 | 8 | 11 | 1 | 8 | - | 1 | - | 100 | 16 |
| Protection | 10 | 23 | 47 | 31 | 178 | 189 | 21 | 19 | 4 | 13 | - | 1 | 258 | 273 |
| Children-in-Care | 25 | 24 | 47 | 41 | 107 | 106 | 35 | 29 | 10 | 3 | 14 | 14 | 237 | 217 |
| Adoptive Parents | 7 | 17 | 28 | 34 | 34 | 52 | 20 | 22 | 11 | 15 | 2 | 1 | 101 | 141 |
| Foster Parents | 23 | 20 | 37 | 35 | 69 | 55 | 23 | 26 | 6 | 7 | - | - | 158 | 143 |
| Audiology | 76 | - | 179 | - | 454 | - | 91 | - | 52 | - | 2 | - | 853 | - |
| Case Alert | - | - | - | - | - | - | - | - | - | - | 226 | 147 | 226 | 147 |
| Private Adoption | - | 1 | 3 | - | 5 | 3 | 1 | - | - | - | - | - | 9 | 4 |
| TOTAL SERVICES | 935 | 839 | 1,517 | 1,273 | 4,273 | 3,769 | 926 | 807 | 540 | 475 | 248 | 170 | 8,418 | 7,319 |
| TOTAL CASES | 717 | 677 | 1,266 | 1,076 | 3,488 | 3,099 | 745 | 669 | 445 | 381 | 247 | 166 | 6,928 | 6,068 |

* The Provincial Totals may not add horizontally because services/cases transferring between regions are counted in both locations.

## CHARLOTTETOWN AND AREA REGIONAL OFFICE (REGION 3)

Financial assistance service levels yielded a slight increase of 9 cases from March, 1984 to March 1985, contrary to the trend over the previous fiscal year, peaking during these months at 2,507 and 2,516, respectively.

Seasonal services and Job Creation placements resulted in a summer low-point caseload of 2,246 in September, 1984. The overall service caseload increased from 4,871 in March, 1984, to 5,117 in March, 1985. This rise indicates the increasing number of citizens finding themselves unable to cope with present economic and social conditions.

Statistics on protection cases reveal an increase of 6.2 percent in March 1985 of 189 cases over 178 cases in March, 1984. Demands on staff were unusually high during the last three months of the fiscal year, when cases presented for assessment reached a total of 110. Referrals included child protection (physical abuse, sexual abuse and neglect), families in crisis, adolescents in crisis, adoption, unmarried mothers and private adoptions. Staff continue to work with families previously reported to the department by offering services in the areas of general counselling and treatment of the victim. These families require ongoing assistance in order to acquire the knowledge, skill and resources necessary to provide an adequate and safe environment for their children.

Day care services are providing a valuable resource to children who require stimulated environments, as well as to parents who are under the stress of constant child care. The number of day care services increased from 177 to 192 between March, 1984 and March, 1985. Priorities continue to be placed on child protection, single parents working, and special needs children. At present, Region 3 has access to 96 day care centres and kindergartens.

The new Welfare Assistance Regulations were proclaimed on October 1, 1984 and regional office staff participated in training sessions and meetings to identify provincial inconsistencies and policy requirements. Requests for back-to-school clothing far exceeded last fall's requests, and were administratively time-consuming. The long waiting period for Unemployment Insurance Benefits during the winter months increased demands on our Intake emergency service which was booked approximately two days ahead during October, November and December. Following a review of the financial assistance caseload, cases were re-assigned geographically upon new application or upon case review, to ensure more efficient use of staff time and travel costs.

The demands on the Homemaker Program for service continued to increase, placing staff under great pressure and stress. Although there is a high number of elderly clientele on the caseload, as many as five cases per day can be serviced by one homemaker, whereas only one or two families or protection cases can be serviced per day. During a one-month period, from February 1985 to March 1985, homemaker staff in this region serviced 100 clients over the age of 65, and 56 clients under the age of 65. At present, approximately 75 percent of the hours of service to the group under age 65 are provided to child welfare cases.

Organizationally, there was a re-assignment of staff within the office, and rehab team members were re-assigned to the Intake and Financial teams. One staff person is being designated as the VRDP worker for the region as a result of the Department's commitment to increase the level of service offered to the physically disabled. The regional office has been working closely with the Council of the Disabled and is participating in their outreach activities. Current statistics show 515 clients might benefit from rehab services, and over the next few months a review process will determine if this is feasible.

Priorities for nutrition services continue to be in the area of pre-natal care, infants, children-in-care under 24 months, and clients requiring special diets. In March, 1984, there were 96 nutrition cases compared to 86 in March, 1985.

Extensive waiting lists in Region 3 and regional disparities in caseload size prompted an evaluation of the Speech Program by Dr. Mike Webster, in September, 1984. As a result, many options have been suggested to equalize caseloads and reduce waiting lists in Region 3 for children awaiting assessment. Undoubtedly, in the new fiscal year, a change will occur in the present method of service delivery.

From April 1, 1984 to March 31, 1985, Region 3 had a total of 319 placements through the Job Creation Program. This total included 84 placements within provincial government, 21 placements to municipal government, and 214 placements to local non-profit organizations.

During the fiscal year, codes were devised to identify clients involved in the Employment Preparation Program. EPP files are now being housed separately from other service files to provide more efficient identification and access of information for research and training. The regional EPP Co-ordinator continues to work with clients to assist them in utilizing all their available resources in their effort to become more independent and employable.

Due to budget restraints on out-of-province training funds, staff took advantage of several workshops offered within the Province. Examples of the workshops include: Helping Skills, P.E.I. Association of Social Workers; Family Violence, P.E.I. Department of Justice; Counsellors Working with Families, P.E.I. Guidance and Counselling Association; Unemployment and Its Impact, P.E.I. Mental Health Association.

The Christmas Shop and Christmas Miracle programs received tremendous response this year. Approximately 730 children received gifts through donations made by local companies, government departments and private citizens.

Relocation of the regional office to 17 Haviland Street resulted in improved working conditions and staff morale. The availability of a boardroom permits increased inter-team liaison and more consistent program delivery. The close proximity of other agencies such as Home Care, Public Health, and Council of the Disabled has enhanced co-operation and understanding of mutual problem areas, providing an accessible forum to resolve issues.

During the fiscal year under review, Region 3 successfully created, and recruited into, a newly developed position of Senior Resource Development Worker. This position will emphasize resource development in the foster care and adoption programs. Responsibilities of the position include: further development of the Adoption Preparation Program, implementation of a Post Placement Support Association, development of training to prepare children for adoption, development of a recruitment, orientation and training package for potential foster parents, and Departmental liaison with the Foster Parent Association.

## SOUTHERN KINGS AND EASTERN KINGS COUNTY REGIONAL OFFICES

### (Region 4 - Montague and Region 5 - Souris)

The year 1984-85 was marked by continued efforts at maintaining high level services and new initiatives.

One of the highlights for the year has been the classification of all group home workers. This has been an important step towards standardization of group home services across the province and developmentally leads to a higher level of professional service to our children in care. It is anticipated that the group home program across the Island will be on an upward movement with the continued efforts at standardization relating to such things as a policy and procedures manual for group home managers.

The Employment Preparation Group conducted by the Souris Regional Office in the fall of 1984 was very successful. Seventy-five percent of the participants were high-risk protection cases. Eleven of the twelve participants eventually worked at job creation for full term. The employers' evaluations of the participants were highly positive. There is beginning evidence to indicate that this kind of intervention may be the most positive manner to break long-term generational attitudes and lead to more positive relationships between the Division of Field Services and the citizens we serve.

The trend for protection services during the past fiscal year continues to indicate continued increase for demand for services.

Requests for financial assistance has continued a downward trend which appears directly related to JCP and an improved economy.

| **Montague Caseload** | **Current** | **Active in Month** |
|---|---|---|
| March, 1984 | 844 | 926 |
| March, 1985 | 733 | 807 |
| **Souris Caseload** | **Current** | **Active in Month** |
| March, 1984 | 490 | 540 |
| March, 1985 | 433 | 475 |

The caseloads for Montague and Souris dropped 13 percent and 11 percent, respectively.

# DIVISION OF AGING & EXTENDED CARE

**Gordon R. MacKay, Director**

It is my pleasure to submit to you the Annual Report for the Division of Aging and Extended Care. Although this is the fourteenth Annual Report of the Division of Aging, it is my first as Director and the First Annual Report of the Division of Aging and Extended Care. During the period covered by this Annual Report, April 1, 1984 to March 31, 1985, there have been a number of significant changes occurring within this Division. The first major change was the retirement of the previous Director of the Division of Aging, Mr. Lloyd MacNevin, who capably served as Director of the Division of Services to the Aging, and who successfully stimulated this Division in providing a progressive, enlightened quality of care to the seniors of this province. Under his direction, many innovative programs were introduced and formed the basis of many of our programs today. I have the honor to replace Mr. MacNevin and it is my hope that I will be able to experience some of the successes experienced by Mr. MacNevin. With my appointment as the Director of the Division of Aging & Extended Care the Division expanded to include the Dr. Eric Found Health Centre and Hillsborough Hospital and Special Care Centre.

A second significant event was the official opening of Wedgewood Manor in Summerside. This facility began operation on August 1, 1984 and was officially opened on February 1, 1985.

Another significant event which occurred during the past year was the Role Study of the Dr. Eric Found Health Centre. As a result of this Role Study the Executive Council approved significant changes to the role of the Dr. Eric Found Health Centre. These changes will be commented on later in this report.

Another event of great consequence was the approval by Government to begin construction of the new Beach Grove Facility. In August, 1984 Government approved the construction of a new facility on the grounds of the present Beach Grove Home. Early in the spring of 1985 the contractor began construction of this new 132 bed modern facility which is based on the same design as Wedgewood Manor in Summerside. During this same time plans were developed and construction initiated on renovations to the Prince Edward Island Hospital in order to house the Provincial Home for the Aged. Work progressed on this project throughout the year, and with the assistance of divisional staff this Home will provide for an improved environment and provision of services to the residents of the Provincial Home for the Aged. It is anticipated that construction of this facility will be completed in May of 1985 and the residents will be transferred shortly thereafter to their new home. In addition, major construction is taking place at Hillsborough Hospital and Special Care Centre as well as the demolition of the older wings. It is anticipated that this construction will be completed in the summer of 1985 and we will be relocating residents into this new facility shortly thereafter. In anticipation of this move into the new facility the name of the complex was changed from Hillsborough Hospital and Riverside Home to Hillsborough Hospital and Special Care Centre.

During the past year this Division has been actively involved in the transfer of the authority for the Nursing Home Regulations from the Hospital and Health Services Commission to the authority of this Division. The new Community Care Facilities and Nursing Home Act was passed in the House in 1985 and the Division is presently developing regulations to accompany this Act.

In addition to the above highlights, I will now attempt to identify more specific events in the various programs and Homes and Manors.

**Community Based Services for the Elderly:** The 1984-85 fiscal year was the first full year of operation of the Community Based Services for the Elderly (C.B.S.E.). This program consists of Regional Co-ordinators, the staff of the Educational Program on Aging project, and a Director. Presently, the two Regional Co-ordinators are located in Souris and Summerside. The caseload of the Regional Co-ordinators has begun to grow at a steady rate of eight to twelve new referrals a month. Most requests are made for in-home supports such as relief, companions, and homemaking. A number of new resources and services have begun to develop in regions where Regional Co-ordinators are located. These range from a foot care clinic, meals-on-wheels programs, hospice care, friendly visiting, and new Community Care Facilities. The Regional Co-ordinators are also involved in many educational functions in the community. A major project of the Community Based Services for the Elderly program was Symposium 85. Throughout much of the year a great deal of planning was conducted in anticipation of this event in July 1985. This educational event will service physicians, pharmacists, dentists, allied health professionals, social service workers, homemakers, volunteers, natural care giver, and seniors. Significant progress was also made on the intergenerational program of the Community Based Services for the Elderly program. The 1984-85 year saw intergenerational programming become a reality in a number of schools in the community. Approximately 3,000 children and 400 adults were involved in 41 intergenerational events.

**Community Care Facilities:** The Community Care Facilities Act was passed by the Legislature in April 1982 and proclaimed in October 1983. A Program Manager was employed in July 1983 to plan, develop and implement a program. The objective of the Community Care Facilities Board is to ensure the provision in community care facilities of accomregation and care services that are safe, of good quality, and appropriate to the needs of the residents. The mandate of the Board is to license all community care facilities which give personal or supervisory care to five or more residents. The target population is primarily semi-dependent aged, but also persons with physical disabilities and functional disorders due to mental illness. Approximately 230 residents are receiving care in community care facilities. To assist operators in meeting regulations, workshops on drugs, resident care plans, functional assessment, nutrition, and activation have been offered. Thirteen Board Meetings were held the first year under the Chairmanship of Mr. James Gaudet. The Program Manager for Community Care Facilities is Mrs. Noreen Connolly, R.N. Mrs. Connolly is to be congratulated on her outstanding job performance in the past year.

**Consultants:** The Consultants for the Division of Aging and Extended Care consist of the Nurse Consultant, Mrs. Judy Lougheed; the Nutrition Consultant, Mrs. Brenda Bulger; and the Occupational Therapy Consultant, Mrs. Judy Hill. The three consultants provide services in their respective professional areas to the Homes and Manors within the Division and to many other agencies within Government and in the private sector. The role of the Consultants changed in the past year with the expansion of the Division to include Hillsborough Hospital and Special Care Centre and the Dr. Eric Found Health Centre. In addition, the Consultants played an increasing role in the private sector, particularly the Community Care Facilities. During the past year the Consultants played a major role in the planning of the Prince Edward Home, the planning and initial stages of operation at Wedgewood Manor and the planning of the new Beach Grove facility. Their experience in these areas and their willingness to become involved was greatly appreciated and the success of these projects is to their credit.

The Nurse Consultant has been very involved in in-service education and in particular she has planned and has been involved in in-service education with such organizations as Wedgewood Manor, L.N.A. School, P.E.I. School of Nursing, Community Care Facilities, Sunset Lodge, Maplewood Manor, and A.N.P.E.I. The Nurse Consultant played an active role in the development of the unit dosage system within Riverview Manor and Wedgewood Manor. it is expected that all of our facilities will eventually implement the unit do-

sage system. The Nurse Consultant has also been involved in chairing a Committee of the Dr. Eric Found Health Centre with respect to the implementation of the recommendations which came out of the Role Study. Another area of intense involvement for the Nurse Consultant was in the development of a proposal for the adolescent unit at Hillsborough Hospital and Special Care Centre.

The Nutrition Consultant was actively involved with consultation services with various Homes and Manors and in particular spent considerable time in the organizing, planning and implementation of programs at Wedgewood Manor. She also provided consultation services with the Community Care Facilities particularly in the area of the evaluation of menus. Regular monthly staff meetings are held with the dietitians and at various Homes and Manors and I am pleased to report that these meetings are very successful. Special projects during the year consisted of the development of the Program Directions for the new Division of Aging & Extended Care and her participation on the intra-departmental committee on nutrition. The Nutrition Consultant is also responsible for organizing workshops for the service workers and cooks in our various Homes and Manors and these two day events are most beneficial to the staff who attend.

The Occupational Therapy Consultant began employment in the Department in June 1984. The Consultant, Mrs. Judy Hill, has been active in conducting a review of the Occupational Therapy programs at both Hillsborough Hospital and the Dr. Eric Found Health Centre. She is also participating in a three person committee developing guidelines for adult day programs for seniors. In addition, she has been involved in the organization and facilitation of monthly Activity Director meetings and Housekeepers meetings. Assistance has been provided to Community Care Facilities in the organization of activity programs and Mrs. Hill has been involved in the recruitment, selection and orientation of new Activity Directors in our Homes and Manors.

**Placement Officers:** The demand for nursing care continued to be greater than the demand for upcare in all areas of the Province. The Placement Officers, Mrs. Mary Plamondon and Mrs. Frances Williams, report that the total number of applications on file as of March 31, 1985 was 580. From this total 107 were on priority for placement in the upcare and nursing sections of the seven Homes and Manors. An average of 26.4 applications were received each month. The highlight of the year was the opening of Wedgewood Manor in Summerside. This manor with a capacity of 76 beds required considerable attention on the part of the Placement Officers in the admission process to these beds. It should be noted that these two Placement Officers are responsible for assessing all clients who apply to this Division for placement in our Homes and Manors all across the Province. As the demand for services continues to grow we increasingly find it more difficult for these two Placement Officers to manage the caseload. The demand has now reached the point where in my opinion additional help is required to manage this large caseload and we will be looking at this particular concern in the coming year.

**Dr. Eric Found Health Centre:** This 63 bed unit is designated for patients of all ages needing continuous medical and nursing care at a level slightly lower than at a general hospital. A wide range of services is available to patients in this unit in addition to medical and nursing care. Some of these services include physiotherapy, occupational therapy, and pastoral care.

On June 21, 1984 Executive Council by Order in Council changed the name of this institution from the Provincial Sanatorium to the Dr. Eric Found Health Centre, honouring a former director of tuberculosis control for the Province. The official opening for the centre was held on November 23, 1984.

In February 1985 Executive Council approved a recommendation by the Department that 43 beds at the Special Care Unit be designated by the Hospital Services Commission

as insured beds, the remaining 20 beds would continue to provide manor-type care. These recommendations came about as a result of the Role Study conducted by the Department in 1984. As a result of this Role Study it has been agreed that of the 63 beds at the Centre, 8 would be designated for palliative care, 15 for short-term convalescent care, 22 beds for long-term medical nursing care and 18ghteen beds for manor-type care for those under 60 years of age. This designation of beds is a rather significant event and to assist in the implementation of these changes a committee was created to provide direction to accomplish these changes. Mr. W. C. Sinnott is the administrator of this facility.

**Hillsborough Hospital and Special Care Centre:** Members of the Advisory Board of Hillsborough Hospital consist of the Chairman, E. Doucette, and members F. Tremere, L. Johnston, F. MacDonald, P. Connolly, E. Carver, and O. Bernard. During the past year several significant changes occurred at Hillsborough Hospital and Special Care Centre. Among these many changes most significant is the construction of the new wing to the present facility and the demolition of two former outdated wings which accommodated residents of the facility. A great deal of effort has gone into the planning of this facility by the staff at Hillsborough Hospital and the addition when opened in the Fall of 1985 will be a major highlight. During the past year considerable time and effort was spent on the planning of the development of an adolescent program at Hillsborough Hospital. With the opening of a new facility it was felt that an adolescent unit should be identified and that a program should be developed specifically for this unit. I am pleased to report that progress has been made and it is anticipated that specific staff will be assigned to work in this unit and that programs will be developed with the needs of the adolescent in mind. I am pleased to report that a major review of the Occupational Therapy program occurred during the past year and it is anticipated that the results of this review will be utilized when a Role Study of the hospital is conducted. Plans are presently being made to conduct this role study in the summer of 1985. During the past year, considerable discussion was held on the need for a Clinical Advisory Committee to be re-established in the Hillsborough Hospital and Special Care Centre. Plans are presently being made to reactivate this Committee to advise on clinical programming within the Centre. Another major significant event is the progression towards applying for accreditation for Hillsborough Hospital and Special Care Centre. The Administrator and professional staff are now proceeding with the development of policies and procedures and programming in anticipation of applying for accreditation for their facility. In anticipation of this application for accreditation, the nursing department has conducted a series of quality assurance educational sessions beginning in January 1985.

**Wedgewood Manor:** Wedgewood Manor became the seventh Manor owned and operated by the Province of Prince Edward Island when the facility was transferred to the Department of Health & Social Services for operation on August 1, 1984. It was officially opened by Mrs. Marie Wedge, widow of the late Henry Wedge, on February 1, 1985. A new Administrator, Mr. David Pilkington, was appointed on July 16, 1984 and following the appointment the remaining management team members were appointed. These management team members were: Joan Hubley, Director of Resident Care; Jean Ellis, Food Service Manager; Gillian Profitt, Director of Housekeeping Services; Doris Buchanan, Activity Director and Herman MacLeod, Maintenance Supervisor.

In November 1984 the first group of residents (thirty-six) moved into Wedgewood Manor from Prince County Nursing Home which closed as a privately owned nursing home. This move took place over a period of less than one week. During the month of December 1984 and January 1985 the remaining beds were filled by residents of the Prince County area. Of the seventy-six beds at this Manor, two of the beds have been designated for respite care. This has been an extremely successful program and the demand for these beds is very high. This is a much needed service and much appreciated service by those residents and families who have utilized these respite care beds. It is anticipated

that because of the success of these beds at Wedgewood Manor that respite care beds will be designated for the Charlottetown area.

This new Manor has made tremendous progress in a very short period of time. Credit for the successful operation of this service and the implementation of many new programs goes to the Administrator and the many staff employed at this Manor. This Manor is now well integrated within the Division and the Department and although this Manor is our newest addition, the quality of services offered at this Manor are second to none.

**Maplewood Manor:** Maplewood Manor under the direction of the Administrator, Mr. Graham Gaudet, continues to provide for a high quality level of care for the residents of that facility. In last year's Annual Report of the Division Mr. MacNevin made reference to a resident orientation program that was being initiated at one of our Manors. I am pleased to report that this resident orientation program has expanded and Maplewood Manor is now providing such a service. Under this program, the new admission is assigned a key worker who visits with the resident in their home prior to admission. The purpose of the program is to assist the new resident to become familiar with the facility prior to admission and to assist a resident in feeling more welcome at the time of admission. The family are also involved in this process and an attempt is made to have family members sit in on resident care plans particularly the first or second resident care plan conducted.

Maplewood Manor continues to offer space to visiting professionals. Audiologist, Chiropodist, Occupational Therapy and Physical Therapy professionals hold regular clinics for the residents at the Manor and the community at large.

The staff of the Manor continued to take advantage of in-service education courses outside of the facility and are also involved in sponsoring in-service educational training within the facility.

During the past year a new Activity Director was appointed to Maplewood Manor in the person of Mrs. Lynda Leard. I am pleased to report that she has successfully adapted to the position and has been involved in several projects including a Young Canada Works grant, Job Creation, Intergenerational Program, and Katimavik.

I would like to bring your attention to the physical condition of Maplewood Manor and some concerns I have with respect to this facility. I am particularly concerned with the roof and damage which is occurring on the interior of the building due to leaks in the roof. We are also beginning to experience equipment breakdown due to the age of the equipment. Much of this equipment in the dietary department has been operating since the Manor opened. I have asked the administrator to begin to develop a repair program and replacement plan for the equipment.

**Summerset Manor:** I am sad to report that during the past year the Administrator, Mr. Jim Harris, became ill and could not continue his role as Administrator of Summerset Manor. As a result, it was necessary to seek a replacement and Mr. Jim Matheson was hired in January, 1985 as the new Administrator of Summerset Manor. I would like to take the opportunity to comment on the tremendous job performed by Mr. Harris during his term as Administrator at Summerset Manor. Under his leadership many new and exciting programs were developed in the Manor and indeed the Manor became a leader in long-term care in this Province and indeed in the Atlantic Provinces. Many of the changes occurring at the Manor today and the high quality care given the residents are a result of Mr. Harris' influence over the years.

The Community Day Program at Summerset Manor continues to flourish with an average of 20 people participating. The program consists primarily of providing participants with a full dinner meal, whirlpool baths, remedial exercises, treatment, social interaction, nutritional counselling, and other such varied activities. We are presently undergoing an in-depth reassessment of this program.

The Summerset Manor Auxiliary continues to be a strength and an encouragement to residents and staff. They are ever-ready to volunteer help and financial assistance whenever an opportunity presents itself.

Summerset Manor has had a great number of staff workshops on quality assurance in an effort to guarantee high quality care to our residents. The entire staff is involved at all levels in the implementation of quality assurance strategies in every department of the operation. During the past year an Occupational Health and Safety Committee was activated to monitor the physical plant and to identify any possible threats to the health or safety of the residents, employees and the general public.

The Activities Department continues to do an excellent job of providing many well organized social functions that bridge the gap between the community and the Manor. Summerset Manor is a very social, extrovert institution with constant interaction with community groups. The Young N' Old Nursery day care program continues providing Summerset Manor with intergenerational opportunities.

**Prince Edward Home:** The major event at the Prince Edward Home during the past year was the planning of the move from the Provincial Home for the Aged to the old Prince Edward Island Hospital, now called the Prince Edward Home. A great deal of time and effort was spent planning this move during the year. In addition to planning for the move, staff were involved in the redesign and planning of the changing of the Prince Edward Island Hospital from an acute care facility to a long term care facility.

In the Prince Edward Home's constant endeavour to provide the residents with the most meaningful, beneficial care, advances were made in staff understanding of what constitutes an emphathetic approach to care. Because of a greater knowledge of human behaviour on the part of the staff, residents were recipients of a high level of care and meaningful attention to their needs.

The Brecken House program experienced a very successful year. Referrals were steady and there was a two percent increase in the average daily attendance of clients in the program.

The Meals-on-Wheels program had another successful year. Over the 12 month period an average of 15 meals a day were provided for seniors living in the community.

**Beach Grove Home:** In January 1985 a new Administrator was appointed to Beach Grove Home in the person of Mrs. Pat Phillips. Mrs. Phillips was formerly with the Public Health Nursing Division of the Department of Health and Social Services. She replaced Gordon MacKay who was appointed Director of the Division of Aging & Extended Care.

The major event at Beach Grove Home has been the planning of the new Beach Grove Home. In August 1984 it was announced that a new facility would be built on the site at Beach Grove. During the fall and winter months a great deal of effort was expended on the planning of this home and new construction was begun in the Spring of 1985. The residents and staff of Beach Grove Home are very pleased with the plans for the facility and are anxiously awaiting their transfer to this modern facility.

The Administrator of the home reports a high level of activity at the home during the past year. As usual, there are a great number of student placements at the Beach Grove facility including students from the P.E.I School of Nursing, L.N.A. School, Resident Care Worker Program, Katimavik, Job Creation Program, and work experience programs for other community organizations. A major change in the home during the past year was the introduction in co-operation with the Nursing department and Housekeeping department of the Sancella Incontinency Management System. This project has been closely monitored and has resulted in better client satisfaction.

In addition, the Home purchased a portable computer. This has provided the Dietitian with the opportunity to experiment with diet and menu analysis. The Administrator anticipates that in the coming year the computer's capabilities will be supported further by other departments in the home.

**Riverview Manor:** The Riverview Manor, under the leadership of Mr. Harold MacLeod, reports a very successful year. Mr. MacLeod reports that some of the staff are enrolled in Gerontology courses through Mount Saint Vincent University in Nova Scotia. The Residents Council of Riverview Manor had three persons employed during the year under the N.E.E.D.S. Program. The intent of the project was to assist the seniors of the area putting together a Newsletter to be published on a regular basis. The seniors in the area have also obtained a grant from the Federal Government under the New Horizons program. This grant is being used to get a Meals on Wheels program implemented and which will be a service strictly for the elderly in the area. The Administrator makes reference to the fact that in his opinion there is a need for more beds in Riverview Manor. Mr. MacLeod reports on a number of elderly people who are patients at Kings County Memorial Hospital and are awaiting nursing care beds at Riverview Manor. He reports that all indications support a greater need for more beds in the future.

**Colville Manor:** During the past year Mrs. Susan Birt was appointed Administrator at Colville Manor replacing Mr. Peter McQuaid who joined the Department of Industry at the Eastern Kings Regional Services Centre. The Administrator reports that numerous activities were undertaken at Colville Manor and special emphasis was placed on having residents partake in as many community activities as they wish. She also reports that the office for the Kings County Co-ordinator of Community Based Services for the Elderly was located in the Manor during the past year and she was pleased with the co-operation and interaction between Manor staff and the Co-ordinator. Mr. Birt indicates that she plans to undertake an assessment to determine furture needs in regards to repairs and renovations to the home. Many of our homes that were built 15-20 years ago are at the stage where major appliances and pieces of equipment need to be replaced and Colville Manor is no exception.

I am pleased to report that Mrs. Birt has made a very successful adjustment in coming from private enterprise to public service and that staff at Colville Manor are responding to her leadership. As Mrs. Birt becomes more familiar with the job it is anticipated that many new programs and services will be developed at Colville Manor. The Division recognizes the fine work of the previous Administrator, Mr. Peter McQuaid, and the many changes he was able to implement during his term as Administrator. We wish Mr. McQuaid much success in his new position.

It is obvious that our programs and services are specifically designed and directed towards the elderly. The high quality of services did not come about by chance but are due to the efforts of staff within the Division and the support of the Deputy Minister and Minister of the Department of Health and Social Services. The services offered in our Homes and Manors are recognized by many professionals in the field as of superior quality and we look forward to providing this same high quality of services in the future.

I would like to take this opportunity to thank you, Deputy Minister, for your support for me personally and for the Division of Aging and Extended Care in the past year.

# ANNUAL REPORT OF RESIDENTS
# ALL HOMES AND MANORS 1984-85

| A. | | | Under 60 | 60 64 | 65 69 | 70 79 | 80 89 | 90 99 | Over 100 | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Residents as of 1 April 1984 | | M | 3 | 8 | 10 | 55 | 87 | 29 | - | 192 |
| | | F | - | 4 | 12 | 61 | 136 | 76 | 3 | 292 |
| 2. New Admissions | (a) Hospitals | M | - | 2 | 1 | 5 | 14 | 7 | - | 29 |
| | | F | - | 3 | 1 | 6 | 20 | 8 | - | 38 |
| | (b) Psychiatric | M | - | 1 | - | 1 | - | - | - | 2 |
| | | F | - | - | - | - | 1 | - | - | 1 |
| | (c) Community | M | 1 | 1 | 1 | 8 | 17 | 8 | - | 36 |
| | | F | - | - | 1 | 11 | 40 | 15 | - | 67 |
| | (d) Other | M | - | - | - | 5 | 6 | 3 | - | 14 |
| | | F | - | 1 | 1 | 2 | 27 | 7 | - | 38 |
| 3. Total Under Care | | M | 4 | 12 | 12 | 74 | 124 | 47 | - | 273 |
| | | F | - | 8 | 15 | 80 | 224 | 106 | 3 | 436 |
| 4. Discharges During Period | | M | 1 | 1 | 1 | 3 | 1 | - | - | 7 |
| | | F | - | 1 | - | 2 | 6 | 4 | - | 13 |
| 5. Deaths: | In House | M | - | - | - | 5 | 17 | 8 | 1 | 31 |
| | | F | - | - | 1 | 6 | 32 | 31 | 2 | 72 |
| | In Hospital | M | - | 1 | - | 7 | 7 | 2 | - | 17 |
| | | F | - | - | 1 | 4 | 8 | 6 | - | 19 |
| 6. Total Separations (4 + 5) | | M | 1 | 2 | 1 | 15 | 25 | 10 | 1 | 55 |
| | | F | - | 1 | 2 | 12 | 46 | 41 | 2 | 104 |
| 7. Residents as of 31 March 1985 (3 - 6) | | M | 3 | 7 | 11 | 59 | 95 | 42 | - | 217 |
| | | F | - | 4 | 11 | 65 | 182 | 67 | 3 | 332 |
| 8. Total Residents (M & F) | | | 3 | 11 | 22 | 124 | 277 | 109 | 3 | 549 |

Average Length of Stay: 4 Years 5 Months 19 Days

| B. | Apr. | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Capacity | 14,850 | 15,345 | 14,850 | 15,345 | 15,345 | 14,850 | 15,345 | 15,930 | 16,709 | 17,143 | 15,708 | 17,840 | 188,141 |
| Resident Days | 14,388 | 14,902 | 14,335 | 14,845 | 14,708 | 14,327 | 14,731 | 14,983 | 16,038 | 15,226 | 14,572 | 16,908 | 180,963 |
| % Occupancy | 96.8 | 97.1 | 96.5 | 96.7 | 95.8 | 96.4 | 95.9 | 94.0 | 95.8 | 94.6 | 92.7 | 95.8 | 95.6 |

| C. Levels of Care<br>Residents as of 31 March 1985 (Count Only Once) | Number of Persons Includes Bedridden | Number of Bedridden Persons |
|---|---|---|
| 1. Level I Highly Functional | 9 | - |
| 2. Level II Minimal Loss of Functional Ability | 191 | - |
| 3. Level III Moderately Functional | 237 | 7 |
| 4. Level IV and Minimal to Low Functional | 112 | 15 |
| Total Residents (1 through 4) | 549 | 22 |

## MANAGEMENT SERVICES DIVISION

**Rick Callaghan, Director**

**PERSONNEL** - This unit was heavily involved in all personnel matters in the department such as co-ordination of staffing, classification reviews, collective bargaining, staff development and training, liaison with the Civil Service Commission, Treasury Board, and Executive Council.

**MANAGEMENT INFORMATION SYSTEM** — A system was set up in co-operation with the Pharmacy Division to enable Welfare Assistance clients to get emergency drugs at private pharmacies with the use of an Emergency Drug Card. Procedures and codes were changed to accommodate the centralization of adoption applications. Procedures and forms were developed in conjunction with the Divisions of Field Services and Dental Health for the introduction of the new Welfare Dental Policy. A computer data base and programs were set up to automate the departmental forecasting procedure. A six-month survey on reproductive care, initiated by the Division of Nursing, was computerized for ease in analyzing and reporting. The MIS Co-ordinator attended the Third National Welfare MIS Workshop in Toronto in February.

**CANADA ASSISTANCE PLAN** — During the year a CAP Co-ordinating Committee was formed. This Committee is chaired by the Director of Management Services and meets on a monthly basis to resolve outstanding issues dealing with cost sharing. The objective of the Committee is to maximize all opportunities to cost share.

**AUDITS** — During the year the Senior Case Auditor continued to do audits on financial assistance cases. This process continues to be worthwhile in discovering incidents of misinterpretation of policies/guidelines and client abuse.

**HEALTH MANPOWER PLANNING** — The Director is responsible for Health Manpower Planning on a Federal/Provincial level and represented the Province at meetings held to deal with manpower issues for all health occupations, and particularly with Physician Manpower and Dalhousie Medical School.

# EMERGENCY WELFARE SERVICES

**Carl Cooper, Director**

The authority for organizing and providing Emergency Welfare services within the province is derived from the Emergency Measures and Disasters Act (1959). Our aim is the organization of such services as will meet the essential survival needs of people following a disaster and to provide temporary rehabilitation assistance until regular pre-disaster welfare services resume operation or until other plans and programs come into operation. In addition, we are responsible for emergency services to holiday visitors from mid-June to Labour Day weekend.

During the period 1 April 1984 to 31 March 1985, twenty-three employees of the Department attended the emergency training courses at the Federal Study Centre at Arnprior, Ontario. Of these twenty-three employees, two attended the "Instructor Special Care" course, twenty attended the "Community Emergency Social Services" course conducted in English and one attended the "Community Emergency Social Services" course conducted in French.

On May 28 of this year, Mr. Don Seaman, former Director attended a Working Group meeting at the Federal Study Centre. The primary purpose of this Working Group was to review Draft Terms of Reference and determine the composition of the Advisory Group.

In September of this year Mr. Don Seaman, Emergency Welfare Services Director for twelve years, passed the responsibility of Director over to Mr. Carl Cooper. At this time we sincerely thank Don for his contribution to Emergency Welfare Services.

Both Mr. Seaman and Mr. Cooper attended the Annual Federal/Provincial Emergency Services Directors' Meeting held from October 10 to October 12 at the Federal Study Center. A presentation was made to Don at this meeting in appreciation of his years of service to Emergency Planning Canada.

# WELFARE ASSISTANCE APPEALS BOARD

**George Cheverie, Chairman**

I am pleased to submit the Annual Report on the operations of the Board for the year ending 31 March, 1985.

During the period 1 April 1984 to 31 March 1985 the Board conducted 27 sittings, in which 30 appeals were received. This was a decrease of 30 cases from the number received in the previous 12 month period. Of these 9 were allowed, 20 were denied and 1 was withdrawn. While the actual number of appeals heard by the Board decreased by 50%, the ratio of appeals allowed (9) to appeals denied (21) remained approximately the same as in the previous year. The Board considers this to be a sufficient and significant reason for the existence of an appeals system in the administration of social services.

The Board notes with pleasure that the long and tedious task conducted of the Regulations has been concluded, and the resulting amendments and additions to the Regulations have now been approved. Most significant, from the point of view of the Board, are those amendments which deal with the composition and operation of the Board itself. With the reduction in the composition of the Board, from twelve down to seven members and the appointment of two new members, several members have completed their term of appointment. The services rendered by these past members is very much appreciated and will serve as an inspiration to the new appointees.

The Board sincerely commends all levels of the staff of the Department for their unfailing courtesy and helpfulness at all times.

**APPENDIX**

## DEPARTMENT OF HEALTH AND SOCIAL SERVICES

## SUMMARY OF REVENUE AND EXPENDITURE

### For the Period April 1, 1984 to March 31, 1985

| | Revenue | Expenditures |
|---|---|---|
| Departmental Management | $ 18,384,100 | $ 1,107,700 |
| Pharmacy | 66,500 | 1,251,500 |
| Oncology | - | 108,600 |
| Dental Public Health | 39,800 | 1,349,700 |
| Community Mental Health | - | 1,010,200 |
| Nursing | 12,200 | 1,438,700 |
| Community Hygiene | - | 231,700 |
| Special Services | 58,800 | 2,182,600 |
| Job Creation | - | 2,909,300 |
| Field Services | 70,000 | 26,591,700 |
| Home Care | 14,900 | 1,107,200 |
| Group Homes | - | 1,298,900 |
| Aging & Extended Care | 4,673,100 | 22,128,100 |
| | $ 23,319,400 | $ 62,715,900 |